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# THE CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

VOL. XIII.

VANCOUVER, B.C., JANUARY, 1917

No. 1

## Treatment of Contagious Diseases

*Dealing More Especially with Scarlet Fever and Diphtheria*

(Grace M. Fairley)

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Taking the various infectious fevers as a whole, the essential part of treatment is the prevention of complications; therefore it is necessary for the nurse to know what the complications peculiar to each disease are, these being many and varying in severity. The main factors in the treatment of all contagious diseases are:

Sunshine, fresh air, soap and water, and careful nursing.

Serum Therapy has had little success—at least with us at the Alexandra Hospital.

Antistreptococcic Serum has been used in scarlet fever and erysipelas—has been given a good trial and found wanting.

In the case of diphtheria, it is different, the results have been wonderful.

Hydrotherapy is essential and universal in the treatment of all contagious diseases.

Local treatment I shall deal with later.

The word "fever" denotes rise of temperature, but the course of the fever has certain characteristics in different diseases. The infectious fevers are spoken of as specific, because the germ or bacillus from any one will only produce the disease from which it sprang. There are a few terms used with reference to these fevers. We speak of: "Susceptibility or Immunity. Susceptibility is being disposed to contract a disease. Immunity may either be natural or acquired. Natural immunity is a condition enjoyed by many—that is being exposed to the disease but not being susceptible. Acquired immunity is the protection of having had the disease, rendering one immune from a second attack.

Epidemic and Endemic also relating to infection. Epidemic means a spreading over (from the Gr. epi upon and demos the people) infection carried from one to the other until a whole community is infected.

Endemic, from the same origin (en among, and demos the people) a term applied to such diseases as typhoid fever in sporadic form, where we get a few isolated cases now and then, the germ being always present.

Each fever has its different incubation period, acute stage and complications, the infection from each spreading in a different way. In scarlet fever and diphtheria, it is inhaled, and in typhoid fever, swallowed. After the entrance of infection into the body, a period of time elapses in which no symptoms of illness appear. This is called the Incubation period. That is the time between contact with the disease and first symptom of illness. The invasion or onset of disease is when the patient begins to feel ill.

### *Scarlet Fever*

Unlike typhoid fever and diphtheria, the germ of scarlet fever is unknown. Several well known men have spent much time in search of it, but so far there is little or nothing known of it. It is only moderately contagious, that is shown by the fact that less than 50 per cent. of the children who are exposed to the disease, contract it. The incubation period is 3 to 10 or 12 days, but usually about 3 or 4, sometimes, though seldom, less.

The invasion is abrupt, commencing with headache, vomiting, sore throat and rise of temperature and pulse rate, as a rule the temperature being proportionate with the severity of the attack—usually rising to 102° or 103° in mild cases. The skin is dry and hot, pulse rapid, tongue coated, and the patient complains of general malaise. In about 24 hours after the first symptoms a profuse, bright, scarlet, punctate rash appears on the neck and chest, rapidly spreading over the trunk and limbs. The face becomes very flushed and sometimes, though *very rarely*, the rash may also be present on the face. In mild cases the rash is less profuse and not so bright, and it is these insidious cases that are oftentimes the cause of spreading the disease, as the doctor may not be called in till later, when all general symptoms have disappeared. The rash usually remains for three or four days, then gradually fades (the temperature falling at the same time) and as a rule it has disappeared by the end of the first week. While the rash is present, the fever remains high—slight delirium often being present at this period, the throat is inflamed and swollen, and the tongue presents the typical “strawberry” appearance peculiar to this disease. As soon as the rash fades and sometimes even earlier, peeling of the dead skin or desquamation begins, sometimes fine and powdery in character and sometimes in large strips. The hands and feet are usually most tedious.

The complications of scarlet fever are numerous, the most important being nephritis, and this may be looked for at any stage of the disease, therefore the necessity of daily testing of urine is imperative. Middle ear trouble, more or less severe, is not uncommon, and often ends in mastoid trouble, although it not infrequently subsides, sometimes after paracentesis.

Rheumatism, endocarditis and pneumonia are also fairly common, as also pleurisy with effusion and empyema. In epidemics it is noticeable that certain complications are frequent at one time, while others will be more evident during another.



The diet in scarlet fever is very rigid and, although certain practitioners may be a little more elastic in their views, undoubtedly the best results are shown where an absolutely milk only diet for at least three weeks is adhered to with copious drinks of cold water. After that, light diet of milk pudding, light soups may be given for a week or two, increasing gradually to fish, boiled chicken, etc., but avoiding all meats with safety for a couple of months. Even in advanced convalescence, if there is the slightest trace of albuminuria, the patient should be put back on milk diet and kept in bed until it is quite clear. The seat of infection is undoubtedly all discharges from nose, throat and ear, also from the bowels and kidneys, therefore it is wise to use soft rags in place of handkerchiefs, and burn them after use. The throat and mouth must be kept thoroughly clean by swabbing in the case of young children or delirious patients; but when possible at all, the patient should be made to gargle. This is undoubtedly more satisfactory and as soon as the patient is well enough, the teeth and gums should be brushed. Dobells solution, hydrogen peroxide, normal salt solution, are all good, and when the throat is very dirty, iron may be used, but only for a short time. Carelessness or inattention in this while the throat is dirty may involve the eustachian tubes and cause mastoiditis or thrombosis of the cerebral vessels. If there is ear trouble, especially where there is much pain and little or no discharge, watch for any sign of bulging. Ice bag to the head and an ice collar to the throat are also routine treatment and in a private house, the nurse can quite easily use an ice poultice made in G. T. tissue if she is unable to get the bag.

### *Diphtheria*

Diphtheria, like the other contagious diseases, is caused by a specific organism, rod shaped, known as Klebs-Loeffler's Bacillus. Its more characteristic symptom is the appearance of membranous deposit on the throat, nose and elsewhere. In addition to this, the bacilli manufacture a poison which is absorbed into the blood and causes the general symptoms of the disease. It is not considered highly infectious, although it can be carried from one person to another or transmitted by clothing. It is most prevalent and dangerous among young children, although adults are by no means exempt. The incubation period is short, usually under a week. The onset may be acute, but often is insidious and may be overlooked. The patient usually feels out of sorts, glands of neck are swollen and the throat and tonsils become reddened and on their surface are seen white dots or patches. These rapidly increase in size and in a few hours the whole of the tonsils may be covered with a sheet of membrane which soon spreads to the palate. It very soon alters in character becoming thick and tough and of a yellow or dirty grey colour. If a piece of this membrane were torn off it would soon reform. If the patient receives immediate and appropriate treatment, the disease in a severe case will rapidly spread in all directions—into the eustachian tubes to the ear, down the trachea giving rise to croup and pneumonia. As a rule,



very high and very shortly becomes normal. Whether the temperature is high or not furnishes no indication of the extent of the disease.

A severe case presents a very distressing spectacle. The patient suffers intense discomfort. The throat and nose are so blocked with membrane that swallowing is difficult, breathing obstructed and from the nostrils a thin and sometimes blood-stained discharge constantly oozes. From the nose and throat there is a characteristic smell. A severe case of diphtheria sometimes assumes what is known as hemorrhagic type and the patient shows tendency to bleed from the nose and throat into the skin and internal organs. This type is unfortunately usually fatal, although not always. I have not time to more than touch on laryngeal diphtheria. This is most common in children from two to four years and is caused by the membrane spreading down the trachea. Sometimes, when the membrane is extensive and much swelling is present, the breathing becomes laboured, there is marked retraction and in order to save the patient's life it is necessary to insert a tube, the operation being known as intubation. If this does not give immediate relief, or if the membrane extends lower down the trachea, it may be necessary to perform tracheotomy. The latter treatment is seldom necessary as the result of intubation as a rule is successful, although great care and vigilance is necessary both while the tube is in, which may be any time from 24 hours to a week, and also after it is removed, as it is sometimes necessary to re-introduce it. It is when the membrane loosens up and causes the patient to cough, that the tube may become blocked, and the patient may suddenly collapse. The complications of diphtheria are toxic myocarditis, and paralysis—these are the most serious and important and have to be looked for even in mild cases.

#### *Nephritis and Broncho Pneumonia*

The paralysis may be local or general, a common form being that of the soft palate, rendering swallowing difficult—sometimes necessitating nasal or rectal feeding and also affecting the speech. The slightest symptom of vomiting should always be reported as this is often the onset of paralysis.

The pulse must be carefully watched, especially in early convalescence, and in the event of any irregularity, the patient should immediately be put back to bed—all sudden movements must be avoided.

#### *Treatment*

At the earliest possible stage of the disease, the patient should have diphtheria serum. This is given in all cases whether mild or severe. The dose is gauged by the severity of the attack, 8,000 to 10,000 units usually given, and in milder cases sometimes less, and 15,000 in severe cases. It would be impossible to exaggerate the value of diphtheria serum. It speaks for itself when one knows that twenty-four years ago, the mortality has fallen from 75 per cent. as 5 per cent. or 8 per cent. in bad epidemics. At Montreal, we never give a smaller dose than

2,000 units, and that only as a prophylactic measure. We do not consider it advisable to give a prophylactic dose to any members of the nursing staff. It is only given when the clinical signs of diphtheria are present, or where there is any doubt, the reason being that, unlike patients, the nurses remain in the infected atmosphere after the effect of the serum has passed, and, in the event of them actually contracting diphtheria at a later date, would be more likely to suffer from serum-sickness. The patient is usually kept in bed from two to three weeks, according to the severity of the attack, and, for at least ten days of the time should be flat in bed without a pillow. If and when the general condition improves, a small pillow may be allowed, gradually increasing to a second and then the patient may be allowed to sit up in bed, if the pulse is quite regular. The diet should be light; milk only for four or five days, then if the kidneys are clear, milk pudding, bread and butter, and later fish and chicken may be allowed.

Care in the cleanliness of the throat, ventilation of the room, are important factors in the nursing of diphtheria.

#### *Measles*

Measles, with the exception of excluding sun and light as much as possible, is nursed much as scarlet fever, only a more liberal diet is allowed. It is the complications of measles that are serious rather than the disease. All chest conditions, especially in young children, have to be guarded against, therefore the patient must be kept warm and comfortable. Measles is highly infectious, rarely missing a child who has not already had it when an epidemic occurs.

#### *Infantile Paralysis*

Of Infantile Paralysis there is not much to say. There is still little known of it and the cases where death occurred suddenly were where the paralysis was extensive and usually affected the diaphragm. Where only limbs are affected, there is usually improvement more or less after the acute symptoms subside, and later local treatment, passive movements, is being tried. Massage, for the time being at least, is thought inadvisable.

If there is anything I could say that would impress on you the importance of all nurses having some experience in this branch of nursing, I would gladly add it. It is so evident from the large percentage of graduate nurses who have absolutely no experience in this work, that it must be made compulsory, if the public is to have the best and essential care in such diseases as I have been describing, which to every thinking person is as important as in the case of acute surgical or non-infectious medical work. To my mind a nurse's training is incomplete without it, and I feel sure that not until it forms part of the curriculum of all general hospitals, or that some plan of affiliation takes place, can we hope to have this remedied.

## Shell Shock

(By M. S. MacInnes, R. N., 1896)

I joined the Territorial Force Nursing Service on my arrival in England and in October was called up for duty in the Neurological Extension of the Fourth London General Hospital.

This extension includes the Grove Lane School Hospital opened July 1915, and the Mandsley Hospital opened February, 1916. The Mandsley building, just completed, is loaned to the government for the use of neurological patients. It is the property of the London County Council, through the gift of Sir Henry Mandsley, and is to be equivalent in London to the Phipps Psychiatric Clinic in Baltimore. Major F. W. Mott, M.D., is in charge. There are six wards, each with a capacity of 27 beds, a small number for war time. A Sister, two trained nurses, two probationers and two orderlies, make up the day staff in each ward. The work is full of interest—crowded with opportunity for good care, good cheer, understanding, and for the right word—if one has the wit to find it—at the right moment.

It is of the patients themselves I think that you would most like to hear. Such human natural beings; middle-aged and young—terribly young; I have a lad now eighteen, who went to Gallipoli a year ago. Old soldiers and new—regulars, "Kitchener's" and "Colonials," farmers, actors, miners, teachers—"all sorts and conditions of men" caught together in the maelstrom of war. In the early days of the conflict, it became apparent that some special provision must be made for these men, who without wound or visible injury, were yet showing symptoms of grave disorders. Many hospitals and wards came into being in response to this need, and during the past twenty months there has passed through them a constant stream of patients, tragic witnesses to the dire results of modern warfare with its trench life, high explosives and its unprecedented strain on mind and body. At first these cases were practically all diagnosed as "neurasthenia," but later the term "shell shock" came to be applied to those showing certain characteristic conditions. To quote Major Mott, "The varying groups of signs and symptoms, indicative of loss of functions of the central nervous system, arising from exposure to forces generated by the detonation of high explosives, are classed under the term shell shock. In just what way these forces act and produce the disorder, is still a matter of discussion. Major Mott feels that, in addition to their shattering moral effect, they may also cause definite physical injury to the central nervous system, and that certain chemical and pathological changes may result from the inhalation of the noxious gases. Another neurologist regards the real causative agent as a "conscious realization of the sensory symptoms of the shock. Were the shock sufficient to produce immediate unconsciousness, not this train of symptoms would follow, but an altogether different one, as is seen when the shock is accompanied by a severe wound." It is generally conceded that, if the



explosion is of sufficient severity, shell shock may be produced even in a previously healthy individual, the mental shock being greatest in those who are most wrought at the moment of the explosion. It seems evident, however, that an inborn or inherited neurotic disposition is the probably vital factor in promoting and fixing these functional disorders, and that in most cases the shock must be measured, not in terms of the trauma, but of the sensitiveness of the individual. These men have been subjected to a strain for which, it may be said, that nothing in their previous experience had prepared them. Trench life, loss of sleep, hours of watching and responsibility, long stretches of inactivity under bombardment, the bursting of shells with the resulting carnage and destruction, the loss of comrades, the mad excitement of attack and counter attack, the imminence of a violent death! Some there are who go through it all without loss of self-control, others break almost at once, and still others, confessing to themselves stark fear and horror, loathing the situation and with a sickening sense of their own failing powers, hold yet by a supreme effort of will to their responsibilities until some special shock, trivial perhaps in itself, breaks finally the strained resistance. One cannot write of what these men endure. On arrival at the hospital in England, the patients may show only comparatively mild neurasthenic symptoms or they may be visibly shaken in nerve, jumpy, emotional; they may be unable to walk because of extreme tremor of the limbs; they may be hemiplegic or paraplegic; a few are blind; many are deaf, mute or stuttering; all are subject to terrifying dreams, memory and concentration are impaired, confidence and decision are for the moment lost.

The tremors constitute a serious disability, they may cause a constant lateral movement of the head or an extreme trembling of the body or of the extremities. They are constant in the waking hours, absent in sleep, are rhythmical, slow to disappear and show a distressing tendency to recur upon the smallest excitement. "A true functional tremor, as opposed to a malingerer's tremor, is not altered in its rhythm by taking away the patient's attention, that is for instance, by making him count slowly or quickly." Memory is subject to marked disturbances, in severe cases this may amount to a loss of consciousness except for the immediate present. As a rule the patient can give a clear history up to the moment of the shock, even to the describing of the particular kind of explosive, the flash and the sound. The subsequent events, however, are often extremely difficult to recall. We have one patient who has a clear cut amnesia for the period from January 20, when the parapet of the trench was blown in, to March 1. At this time he was unable to walk, talked very little and when he did so, spoke of himself in the third person like a child, as, "Me get up"; "Me stay in bed." He could feed himself and could make known his physical wants, but could give no account of himself. During the night of March 6 he suddenly awakened to a consciousness of his surroundings and a complete recollection of events up to January 20. He was amazed to hear how long he had been ill and immediately dictated a letter to his people, explaining his

long silence. He is apparently quite well now, but is still unable to remember anything of the lost weeks.

Music frequently supplies the stimulus that awakens memory, as it does also in overcoming mutism. A patient who has been dumb for a longer or shorter period will suddenly, to his own surprise and that of his companions, find himself joining in a familiar chorus. Mutism is a most distressing condition. "It is due to emotional shock and is a psychic trauma of hysterical nature." It is most frequently broken down by a sudden emotional disturbance in many cases trivial but attended with surprise, taking attention off its guard. These patients can make no voluntary sound; cannot laugh or cough; they sometimes call out in their sleep. Hypnotism has been successfully employed with many. One of our patients from Gallipoli has just recovered his speech and hearing after having been deaf and dumb for seven months. He was admitted to Mandsley February 12. He was extremely nervous, hypersensitive to touch, subject to great variation of mood and to terrifying dreams. Every night he would in pantomime go through a certain past experience, would bayonet the enemy, and receive a thrust in his own arm, would signal his men, lead a charge and finally, leaning far over the bed, first on one side and then on the other, seek out those who had fallen. During this performance he never made a sound, until the night when an over-vigorous thrust of the bayonet carried him out of bed onto the floor. He then called out in a loud voice and afterwards continued to talk, narrating slowly and distinctly experiences in Gallipoli. He was deeply unconscious, his eyes fixed and staring, his body almost rigid. He responded to no tests, but after half an hour relaxed and seemed to sleep. Shortly he opened his eyes and in reply to the question, "Can you hear me?" he answered, "Yes, Sister," and burst into tears. This patient had been hypnotized on several occasions, but without apparent effect. A few days before his speech returned, he had begun to whisper a few words. He is doing very well, though, unhappily, he is not without fear that he may again lose his recovered faculties, and last night when the hospital was suddenly plunged into darkness, because of the believed nearness of Zeppelins, he fell into a panic, declaring that with the first bomb he would become deaf and dumb again. Fortunately the raid did not occur, at least not in the neighborhood of the hospital.

Terrifying dreams are almost an invariable feature and prove how powerful an influence the psychic trauma is exercising on the mind. In unusually severe cases, the mind cannot even in the waking state, rid itself of the horrors experienced, so that hallucinations may be provoked. One such patient, a young captain 24 years old, was brought in suffering from an acute attack of motor delirium. His experience had been terrible. He had come back from an attack, one of 17 out of 1300. He moved continually about the bed, passing his hand back and forth before his eyes, moaning and talking of what had occurred. He would answer questions quietly and rationally, but would immediately return to the compelling scenes. His improvement was rapid though he showed



a tendency to relapse at any excitement. He is one of the many who should never have gone to the front. His history shows a prolonged attack of chorea when a child; as he said, "One could not tell a medical officer that, it would have looked as if I did not want to go!"

As to treatment, psychotherapy, psychoanalysis, and hypnotism, all have their upholders. According to Major Mott, "The prime essential is an atmosphere of cure," together with good food, complete rest for those who need it, plenty of diversion for those who can bear it, and freedom from responsibility. Happily there is a strong tendency toward recovery. It is such a joy to see them change. They come in tremulous and undone, but presently they begin to say, "I feel better in myself" and shortly their extraordinary cheerfulness is in process of re-establishment. Cases there are, alas, many which do not run this satisfactory course, patients innumerable whose recovery will never be complete. In many of these men, often the most sensitive and the most conscientious, there exists a painful self-criticism. To bring this to frank discussion is often to rehabilitate and to cure.

Another condition even more difficult to deal with, is the perfectly natural dread of a return to the scenes of horror. It is certain that no man who has seriously broken under fire should ever be subjected to it again, but it is unhappily true that most of the patients at some time or other are likely to be returned to the front. It ties one's hands and wrings one's heart not to be able to remove this dread.

I have written at great length, but how inadequately. No more than of the vast immeasurable tragedy of the battle fields, can one realize the individual struggle to meet the unimagined demands or grasp the moment's poignancy and power.

London, England, April 9, 1916.

— *Johns Hopkins Nurses' Alumnae Magazine.*

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### FIRST AID

She took a course of first aid to the injured, and, after long and anxious waiting, the street accident she had earnestly wished for took place.

It was a bicycle accident; the man had broken his leg. She confiscated the walking stick of a passerby, and broke it in three pieces for splints; she blushing took off her underskirt for bandages, and she was enthusiastically cheered by the crowd. When all was completed she summoned a cab and took her patient to the hospital.

"Who bandaged this limb so creditably?" inquired the surgeon.

"I did," she blushing replied.

"Well, it is most beautifully done," said the surgeon, "but you have, I see, made one little mistake."

She felt terribly self-conscious.

"You have bandaged the wrong leg," he said quietly.—*Saturday Journal.*

## On The Salt Pack Treatment of Infected Gunshot Wounds

(*"Una" Nursing Journal*)

Dr. J. E. H. Roberts, B. S., F. R. C. S., and Dr. R. S. S. Statham, M. R. C. S., Temporary Captains in the R. A. M. C., contribute to the "British Medical Journal" a most interesting article on the above subject, in the course of which they say:

The method of dressing wounds with a firm pack of gauze and sodium chloride tablets, devised by Colonel H. M. W. Gray, C. B., combined with a preliminary free excision of the wound and lacerated and infected tissues, has in our hands given results which have effected revolutionary changes in our methods of treatment. During the last twelve months it has gradually supplanted other methods of treatment, until now we employ it in the majority of cases. At first we regarded it with suspicion and used it but half-heartedly; finding, however, that wounds dressed in this way became clean at least as speedily as those dressed by other methods, and that the general condition of the patients improved owing to undisturbed sleep, increase of appetite, and absence of mental apprehension of frequent painful dressings, we ended by becoming complete converts to the method.

The operative details in connection with a wound naturally vary with the site, nature, and degree of infection of the wound.

After describing the surgical technique employed, the writers say:

With the exception of iodine for the skin, we do not apply any anti-septic to the wound.

The wound having been thus prepared, the salt pack is applied in the following manner. A piece of plain gauze, four to six layers thick, is lightly wrung out of 5 per cent. salt solution and carefully laid in the wound so that it is in contact with the whole of the surface. Care should be taken that this sheet of gauze is sufficiently large to cover the whole surface of the wound. If several smaller overlapping pieces are used, small spaces in which pus collects form at the lines of junctions, and there is also great danger of the pieces being displaced when the rest of the packing is inserted, thus leaving bare surfaces. When the wound is a deep one, the gauze lining is carefully carried down by the fingers within it to the deepest recesses of the wound. No spaces should be left, as they rapidly fill up with pus. A few 40 grains tablets of salt are now placed in the deepest part of the wound, or, if the wound is flat, placed on the surface of the gauze about an inch apart. The interior of the gauze-lined wound is now firmly packed, somewhat in the manner of the old-fashioned petticoated tube, with a roll or long strip of gauze moistened in the same way. This strip is carried alternately from one end of the wound to the other, and numerous tablets of salt are laid between the successive layers. A handful of tablets should not be thrust in all together,

as when they dissolve a cavity is formed. For a wound 4 inches long, by 3 inches deep, ten to twenty tablets would be used. When the pack becomes flush with the skin surface a few more layers of gauze are applied, and over that a thick wool dressing, composed of at least three layers, completely encircling the limb. The whole is then firmly bandaged, so that the surface of the wound is kept in intimate contact with the pack, and all spaces which tend to form are obliterated. Really firm pressure should be used both in applying the pack and in bandaging. The elasticity of the thick wool dressing distributes the pressure and effectually prevents anæmia of the wound surface and congestion of the limb below.

Where a compound fracture is present, it is not usually possible to avoid leaving spaces between and around the fragments of bone, and therefore, in such cases, after placing the lining sheet of gauze, a large rubber tube is introduced down to the fracture, and the remainder of the gauze and tablets packed around it. This serves to prevent the tracking of pus along the bone. A hole cut in the lining gauze allows any discharge to gain free access to the tube. . . .

After dressing, morphine tartrate grain  $\frac{1}{4}$  is usually given, as most patients complain of pain for a few hours. In many cases, however, the pain is quite slight, and no analgesic is necessary. In the few cases in which pain has persisted, exposed sensory nerve endings have been discovered, and these may be cut short under novocain. Successive dressings become less painful, and after the second an analgesic is usually unnecessary. A rise of temperature and increase of pulse-rate usually follows the manipulations, but unless these persist after twelve to twenty-four hours, no apprehension need be felt.

In the behaviour of the temperature and pulse the cases fall into three main classes. In the larger number the temperature and pulse-rate fall to normal on the second day, and remain so, except for temporary slight rises following the first dressings.

In another class the pulse-rate comes down at once, but the temperature comes down by lysis, taking four or five days to reach the normal. In a comparatively small number of cases, although the pulse-rate remains below 90, the evening rise of temperature may persist for one or two weeks, although the wounds when dressed appear clean and free from retained pus.

The pulse-rate and general condition of the patient is a much better index of the well-being of the wound than the temperature.

After a few days the outer dressings may acquire a very offensive odor. This is due to decomposition in the dressings themselves, and if they are removed the wound is found to be perfectly sweet. The outer dressings are more offensive than the inner. At one time we changed the outer dressings when they began to smell, leaving the packing in the wound untouched. The objection to this is that it is difficult to change the outer dressings without disturbing the deep pack. We then used various substances, such as Sanitas powder, potassium permanganate, and



cupad powder, thickly dusted on the dressing immediately beneath the outermost layer of gauze. All these diminish the odour. With Dakin's chloramine-T powder, which we are now using, all odour is practically abolished. Mixing chloramine-T tablets with the salt tablets in the deeper dressing was found to be unsatisfactory, as it did not prevent the smell.

#### *Indications for Changing the Pack*

Indications that the wound is not doing well, and that the pack must be changed, are:

- (1) A continuously rising pulse-rate.
- (2) Increasing œdema in the limb.
- (3) Sudden onset of severe pain. This generally means spreading gas infection.
- (4) A persistent rise of temperature for which no other cause can be found.
- (5) A change for the worse in the patient's general condition in cases in which a raised temperature has persisted from the beginning.
- (6) Oozing of pus from under the edge of the dressing. This is generally due either to the dressing having been left unchanged too long, or having been too loosely applied.
- (7) The dressing must be re-applied when the pack has become loose from diminution in the circumference of the limb as œdema disappears.

#### *Some Other Details*

Where the innermost layer of gauze is found to be firmly adherent to the wound surface, it is not removed, but a new pack is supplied within it. If it is removed, bleeding is caused, the protective barrier is broken down, and a rise of temperature takes place.

When once the wound is granulating healthily it is not advisable to continue the salt pack, as the granulations become exuberant, pale and œdematous. If the wound cannot be closed, any of the simple dressings should be applied.

Occasionally a wound becomes sluggish, even during the separation of sloughs. A change from the salt pack to a dressing of gauze soaked in pure glycerine usually causes a rapid change for the better. Where a wound is not doing well with a salt pack, and a pure streptococcal infection is present, the use of a 1 per cent. salt solution as a wet dressing, continuous irrigation, or bath, will sometimes be found to effect an improvement.

#### *Conclusions*

The salt pack has given very good results with flush amputations and in excised joints. It appears to be of great value in field ambulances and clearing stations, as in times of stress it may be impossible to renew dressings for two or three days. Those cases we have received from clearing stations in which the treatment has been thoroughly carried out have arrived in excellent condition, and contrast very favorably with those



treated by other methods. Cases treated by eusol irrigation, however clean they may be when leaving the clearing station, often have their wounds in an unsatisfactory state on arrival at the base twenty-four hours later.

Our advocacy of this method of treating wounds is based entirely on our clinical experience, and we do not in this place advance any theories to explain its action. It is based originally on the well-known work of Sir Almroth Wright.

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## Our Nursing Journal

(Jessie Leitch)

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I have read Miss Johns' article in the September "Canadian Nurse" with much interest, and I am wondering over here in England if she realizes the amount of stimulus these words contained, as they flowed from her pen!

Of course we must keep our journal! Keep it, and work for it until we have made it one of the powers of the professional press. There is such a splendid opportunity to do things nowadays, when every woman in the world is doing her "bit." And how better can we substantiate our claim upon universal recognition than through our own journal, the mouthpiece of a national association, by frank and friendly discussions of ways and means, and by the interchange of kindly, whole-hearted criticisms? Curiously enough, we shrink from giving for publication the very thoughts we most readily exchange by word of mouth. And this because as Miss Johns says, we hesitate "about appearing in print." Yet we welcome every one else in print! And I venture to add that never once has "The Canadian Nurse" appeared in print without causing a pleasant thrill of anticipation in our hearts; and at home and abroad (especially abroad) we have been rightly proud of our little grey book. And we've been appreciative, too, forgetting, perhaps, that silence, even that of approval, is generally discouraging.

There isn't a reason in the world why our journal should not attain to the highest standard, for where is there more concentration of energy and enthusiasm, and more understanding, than in our own profession?

It was a high ideal Our Lady of the Lamp set for us, an ideal of womanliness that forever flickers on ahead, showing new phases and greater possibilities; and—while we are many—she went out alone, but her footsteps never faltered and the hand that held the lamp for us was always cool, and kind, and steady; and surely, since we are many and walk in the light, we can take up our heritage with willing hands. We can live up to the highest standards of true womanhood—we can share our ideals a little, instead of keeping them laid away in lavender.

Truly, we have been "copy" for the star reporter and the sob-sister; and the spot-light has never pierced the little aura of artifice they have been pleased to see around us. But aren't we just a little bit to blame? Instead of protesting with one voice because the *White Linen Nurse* was accepted by an unsuspecting public as a word picture of a "hospital nurse" we winced a little, but maintained a "professional calm." Why do we allow our superintendents to be eternally accused of being cold-faced and imperturbable, our sister nurses to have hearts of adamant, not to mention the women who calmly take possession of the patient, shut the weeping relatives out in the dark hall, prescribe tonics and things in a quick, incisive voice, and by their very presence reduce the household to sackcloth and ashes and the maids to sudden flight? How long must we listen to the dreary and familiar recital of the wrong doings of that poor, long-suffering shade—the "nurse who was here last?" The one who used all the clean sheets and towels, and put the cut-glass tumblers in the sink, who slapped the baby, or fed it brandy when it cried—and sat and read a book or talked to the doctor on the stairs?

Let us relegate this threadbare stock of press-phrases and false impressions to a cobwebby and obscure attic, and let us put ourselves, heart and soul, into the business of producing a journal that will reflect more truly what we really are—a journal that will have individuality—and understanding. And best of all, let it be Canadian through and through! Then, indeed, when as a national council the women of the world sit together, each bringing gifts, shall we not be proud of our contribution—our journal that is to be?

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## The Midwife Question

(Mary Ard MacKenzie)

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There has been a good deal written and a good deal talked about the above question lately, but, unfortunately, it has been from such different view points that little headway has been made for or against a midwife scheme for Canada.

An opportunity should be given the people who know the conditions to express their opinions before steps are taken to have a legalized midwife scheme for the Dominion. To be sure, there are licensed midwives in Canada now, but very little is known about them, even in the parts where they are supposed to be practising.

Now, does Canada need midwives? When have other countries decided they needed them? When districts became so congested, especially the poorer districts, that doctors were not available, and when the women from foreign lands desired midwives, because they were accustomed to employing them in their own lands. *The midwives have never been found in any country to my knowledge in the sparsely settled parts. They*

*herd in large cities, in congested districts, and start them where you will, they will gravitate to the populated centres.*

In Canada, the need for doctors and nurses has not been felt in any of the cities, larger towns, or thickly populated districts (the present time, when so many of our doctors and nurses are overseas is no test, of course). In the sparsely settled districts there is a need. Can that need be filled with any degree of safety by midwives as we understand them? Graduate nurses are laboring in those places, they care for the maternity cases, they look after accident cases, pneumonia cases, sick children, and so on; they inspect the school children, they do educative work with the mothers and others, they make pre-natal visits which are filled with help and comfort for the expectant mother and they keep a supervision of the babies until they are at least a year old. I should like to have a movie of an Old Country midwife wrestling with a poor man, caught in his engine, three fractures, and the doctor twenty miles away, or with a pneumonia case, the doctor sixty miles away, or with a baby with croup.

Some time, when the war is over, and you need to be fed with horrors, go out and talk with people who have seen midwives at work, and you will get all you desire. No, may the day be very, very far distant when our fair land will decide she needs midwives!

But when it is found that something more is needed, let Canada evolve some scheme without midwives, or without the defects of all the midwives' schemes in existence at present.

The United States and Great Britain have had midwives. Prior to 1902, conditions were so terrible in Great Britain that rigid rules were made for the training—it is only a three months' training as yet—licensing and supervising of midwives. And in the United States, where midwives from other lands were practising without supervision, until a few years ago, conditions became so bad strict regulations had to be passed.

Canada must profit from all of this and should solve her problem much more quickly and much more efficiently than those countries who had very little to guide them in the way of mistakes of others.

Canada must prepare her own machinery, and, strange as it may seem to some of our zealous English Sisters, she is quite able to prepare it without assistance from outside. We in Canada know our country, we know our vast distances, we know our people, and it is *our* problem to solve it, it is *our* duty and *our* privilege to solve it in *our own* way.

In our sparsely settled districts, no one but the fully trained woman, the woman with experience, with practical knowledge of everything pertaining to the domestic side of our life in Canada, the woman imbued with the importance of her task and with a sincere faith in the future of the country districts, will solve the problem of providing nursing care in the isolated districts of Canada. Should midwives be brought over from the older countries in ship-loads, should we turn out hundreds of them in our own land, on the old pattern, the nursing problem in the



sparsely settled districts would still be unsolved, and you would find all those midwives settled in the more densely populated parts, where they would get regular work.

The above expresses the private opinions of the writer, as a Canadian citizen and as one who knows all the high-ways and by-ways of the great Dominion.

Dec. 19, 1916.

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## Notes on Special Work in a Field Ambulance

*Canadian Medical Association Journal*

(By Capt. Percy G. Bell, C. A. M. C.)

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Any consideration of work of field ambulances in the present war demands an understanding of the varying conditions under which these units are obliged to work. The advent of the present system of trench warfare with fixed positions tends to transform mobile medical units into more fixed stations. Thus a field ambulance, less its advanced dressing station, is frequently doing work of clearing hospital nature. This is noticeable, for instance, in the case of the 1st Canadian Division, which from the time of its arrival in France was able generally to work its front with two field ambulances, leaving the third to act as a Divisional Rest Station, usually at a point four to six miles behind the line.

In open fighting the ambulance problem is rapid collection and evacuation, and in the present operations a third factor becomes relatively of increasing importance; that is to say, the saving of every possible man to the battalions.

The field ambulance should take on a sieve-like nature, reminiscent of the biblical eye of the needle, for all sick sent down by the regimental medical officers and that because, if a man becomes involved in the cogs of the lines of communication machinery, he is lost for a considerable time to his unit. The ambulance carrying on the Divisional Rest Station is able to return a number of such cases to duty, cases which are held if they are likely to be fit within ten days or so.

The rest station is generally situated in some fairly large building; a school house, convent, farm or factory, and here the unit carries on as efficiently as possible with the means at its command. The patients are of the class who have temporarily broken down under active service conditions, rheumatism, carious teeth, painful trench feet, "trench fever"—eye, ear, nose and throat conditions, and the like. Stretchers serving as beds, although not proverbially soft couches, may under the circumstances be relative luxuries. A bath house is essential also, and the establishment of this gives rise to the exercise of much ingenuity, especially



in villages where water may be scarce and the pump is guarded by a water detail with a diligence that outside of the war zone is not usually expended on such a fluid.

Gastro-intestinal cases we found to be benefited by the free use of pure bottled water which we were able at times to purchase locally, thanks to the gift of a sum of money from friends in Canada.

It happened in this field ambulance that most of the officers had been doing special work in civil life in Canada and the officer commanding tried as far as possible to take advantage of this in distribution of cases, as it is obvious that the best results would be so obtained. In this way, too, probably more interest of a purely medical nature was felt in the cases than otherwise would have resulted. This applied of course to work either in the main part of the ambulance during ordinary line work or the periods at the rest station.

Those of us who happened to be stretcher-bearer officers took turns at the advanced dressing station, during which time the work was transportation rather than medical. We always referred to this as the "soldiering" part of our career. The advanced station was no place for special work. It was usually situated in a farm building about a mile from the line and at varying distances from the main ambulance from about a mile to, in one case, about eight miles.

Ideas of field medical work in former wars have had naturally to be modified under the conditions of modern artillery fire. Military text books, in speaking of the choice of an advanced dressing station, lay down the axioms that the place should be away from main cross roads and not near guns, etc.

As far as eye, ear, nose and throat work is concerned, no special arrangements exist in an ambulance. The equipment of a special nature provided consists of a mirror, a lens and an ear syringe. These together with some private instruments and a few authorized to be bought specially, make up the armamentarium. An ingenious sergeant fitted up an examination lamp for me out of a few pieces of wood and a bicycle lamp which he connected with our portable carbide lighting plant. A dark room could generally be arranged in a cellar, or fundus cases could be examined at night.

During an action when wounded were being evacuated as fast as possible special dressings have to be applied. At Ypres we had an imperative tracheotomy case or two and a number of gunshot wounds of the face involving eyes, ears and nose. I do not consider that enucleations of the eye should be carried out in a field ambulance except under very exceptional circumstances.

In a short paper like this there is not time to go into a classification of the various wounds of organs of special sense, but there are several classes of cases whose importance and frequent occurrence justify a few words. Nerve deafness due to the intensity of gun-fire is important, not only from its frequency, but also on account of the relation it will bear to the question of pensions after the war. The time has been too short to

work up a very satisfactory pathology of this condition, as a knowledge of the permanent results cannot yet be obtained. The most satisfactory hypothesis at present seems to be damage to the cochlear threads. It would appear desirable that as far as possible the gun squads be supplied with some form of ear defender. Many of the types which are upon the market have proved very useful in absorbing shock without at the same time interfering markedly with the perception of voice sounds. The preservation of hearing to the men at the front is of the greatest importance.

Wounds of the head occur frequently as in the case of men looking over the parapet or being hit with the fragments of shrapnel, etc. Any wound of the eye occurring under such circumstances is likely to be serious, whereas such an injury to other parts of the face may be relatively trifling. The steel helmets which the French infantry wear are said to have decreased the number of such wounds to a notable degree. The same is true of the British helmet now supplied to our men at the front. In a number of cases men were brought into the dressing station with almost total enucleations performed by fragments of shrapnel. The pulping damage done to the eye by a rifle bullet is of course great. Rifle bullet wounds in trench warfare appear to exhibit their great destructive power partially owing to the fact that the modern bullet in taking its spin from the rifle does not settle down to a smooth flight for about three hundred yards, and this is less than the average for distance between the trenches.

A type of case rather frequently met with is a concussion injury to the eye-ball caused by impact of a bullet or shell fragment near the bony walls of the orbit. Various degrees of this may be found in which the injury varies from a rather severe commotio retinæ such as is seen in civil life, to ruptures of the choroid and in one case which is called to mind, of fracture through the wall of the canal with optic atrophy following injury to the nerve.

During periods of the ordinary life of the line, and in the tent division of the ambulance, quite a large number of special cases appear for treatment. These are much the same as one might see in practice anywhere; cerumen, otitis media, furuncles, various nasal conditions, tonsillitis, laryngitis, foreign bodies in the eye, conjunctivitis and accidental injuries. Many of them demand quite simple treatment, which, if given early, will suffice to return a man to his duty. In some, especially in cases of malingering, a decision communicated to the regimental medical officer, is all that is required. Many men become anxious about a running ear or something of that sort, and if reassured will return cheerfully.

In conclusion it may be said that, although no provision has been made in the ambulance for officers doing special work, other than dentists, it has so happened that there has always been a specialist with one or other of the field units. Our cases for refraction we were able to send to an R. A. M. C. Stationary Hospital. No Casualty Clearing Station with which we were in communication had facilities for any special work.

## South of France Relief Association

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The following extract from letters recently received by the "South of France Relief Association" may be of interest, giving an insight into both branches of the work, i. e., for soldiers and for soldiers' children.

On October 26th, 1916, Mrs. Phillip Riddett, of Cannes, France, writes:

"Will you please forward enclosed to the Regent of the Paris (Ontario) branch I. O. D. E. to thank them with all my heart for the splendid children's boots.

"They are really of priceless value, for, now the rains have come and the little orphans have to tramp thrice a day to Villa Montmorency from Villa Sans Gene, and two other annexes for their meals, and the ragged boots have distracted us. The prices of shoe leather here are absolutely awful.

"Also, I am so thankful for boots and rubbers for special cases, for poor soldiers' families.

"So many special cases are now made happy by the S. F. R. A., both of poor soldiers returning to the front, and others to whom we send.

"My old milk woman, Mme. Vral, approached me shyly the other day to ask if her son, who is right on the Italian front, could have some socks; his regiment is in dire want and the cold awful. It was amusingly pathetic that she could not understand that we could *give* such treasures, and offered to pay for them in *cow manure* for the garden!

"I told her Canadian friends would give the socks, and I will make up a nice parcel for her boy.

"I am so hoping some warm underdrawers may turn up in the next shipment, for they, with long shirts and socks, are our greatest need just now; also (Oh, greedy creature that I am!) some more dressing gowns and flannel undervests.

"Those splendid S. F. R. A. cases are the greatest blessing; they first make my heart sing with joy and a chorus of gratitude follows from many quarters.

"Having supplies to hand, I am so often able to give timely help, as I have said, either to special cases in hospital or elsewhere.

(Signed) "AVISE RIDDETT."

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Miss Gladys Wilson, from whose letter the following is extracted, has, since the beginning of the war, worked unceasingly with her sister for the sick, the wounded, and the poor of Antibes and Juan les Pins (about 5 miles from Cannes).



October 26th, 1916,  
Villa Mon Loisir,  
Chemin des Nielles,  
Cap d'Antibes.

"Please convey my best thanks and gratitude to the members of the South of France Relief Association for their great kindness and prompt generosity in sending me the sum of 300 francs for the sick and poor of Antibes.

"My sister and I propose to put aside 100 francs of the money to provide milk and eggs and puddings and hot cocoa for the *very* poor soldiers' wives and their children round here during this winter.

"We have a little four-roomed cottage in the garden, empty, with a kitchen, and we should like to arrange it as a "baby welcome," where they could get one hot meal a day, and where, every Saturday, the mothers could bring their children and tub them, as we have several baths and could provide plenty of hot water and soap (such a luxury now-a-days!)

"In our road alone there are 12 very poor children, all so deserving, the eldest 11, the youngest five months. Three new babies in these families will have arrived by January. I should like to know what your members think of this home? The children are not actually ill, but delicate and underfed, and the winter will, I fear, try the poor little mites as they have not had good nourishing food all this summer.

"All your hundred francs will be used for the purchase of food *only*, as the work, cooking and firing will be undertaken by Gwen and myself. The money for the soldiers is such a boon!

"I am at once sending a parcel of good nourishing food to "Soldier Joseph Jamberti" (I enclose his address), also warm shirts Mrs. Riddett gave me for him. He caught a chill in the trenches last winter, and consumption set in, and after a year in hospital he has gone home to two rooms to die. He is a widower with two children and very poor.

"Owing to the generosity of the S. F. R. A., his remaining days will be happier and more comfortable. I will send him a hamper for Christmas (if he is alive!)

"Many, many grateful thanks for all this kind help.

(Signed) "GLADYS M. WALBEOFFE-WILSON."

On October 25th Miss Rothwell, one of the voluntary helpers recently sent to Cannes by the Association, writes:

Hospital Auxilliaire 203,  
Hotel Continental, Cannes.

"On 14th September 50 men arrived from Saloniki, mostly dysentery cases. Since then we have received 54 more, also from Saloniki, and then again 10 this week, so that our hospital is well filled. In Miss Buckley's ward, where I am, there are 33 beds. I have been given charge of 12 (3 rooms and a bath-room).

"I must tell you this ward is the model one of the hospital, and your Association would be gratified to see how Canadian presents have helped to make it so. Constantly I am told 'This came from Canada,' and 'Canadian money has helped here,' and I realize how much the South of France Relief Association has been doing here.

"Our wounded at present are greatly in the minority, more and more sick are being sent us. It is splendid to see how quickly many of them gain in weight and general appearance after a short stay in Cannes.

"When they arrive, many are very broken down; we have had three deaths within the month. It is surprising to see how much older than their years they look, especially those of about 21 who look years older.

"We all so greatly value Mrs. Riddett; as some one said, 'she lives entirely for others.' I hope in my next letter to tell you more about my men. I have 10 sick and two wounded.

(Signed) "F. E. ROTHWELL."

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## Ross Memorial Opened by H.R.H. Duke of Connaught

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His Royal Highness the Duke of Connaught opened the Ross Memorial addition to the Royal Victoria Hospital at Montreal last October, with a golden key. A large number of guests were invited to the ceremony, which inaugurated the most modern hospital institution on the American continent. The entrance to the Memorial pavilion is on Pine Avenue, just above the main entrance to the Royal Victoria Hospital, and just inside the entrance doors is a bronze plaque, stating:

"This pavilion was erected and equipped by John Kenneth Leveson Ross, in memory of his father, James Ross, and of his mother, Annie Kerr Ross."

Immediately inside the entrance doors is a large hall, built in Elizabethan style, with reception rooms and offices on either side, and elevator service at the rear. The pavilion is of five storeys and is built of Montreal limestone, with an interior construction of steel and concrete. The ground floor of the pavilion is a hundred feet above the main floor of the Victoria Hospital, and from the balconies on every floor magnificent views are obtainable over the city and across the River St. Lawrence.

The pavilion is connected with the administration block of the hospital by a long tunnel and a shaft which was blasted in the solid rock fifty feet below the ground floor. The interior of the pavilion in general is of hardwall plaster painted white. All the walls and partitions are doubled, and all the patients' rooms have double doors, thus ensuring absolute quiet.

The ground floor is taken up with the administration offices, waiting rooms, hydro-therapeutic department, X-ray department, kitchens, dining

rooms and store rooms. The walls of the kitchens and sculleries are all of white enamelled brick, and the latest plants have been installed for the preparing of food. This is sent up to the serving kitchens on each floor, where there are hot ovens and other appliances for ensuring proper service.

The second, third and fourth floors and part of the fifth floor are given up entirely to patients. There are beautifully furnished suites of rooms, consisting of bedroom, sitting room, bath room and a private balcony for each suite, while there are on each floor serving kitchens, utility rooms, public toilets, nurses' chart rooms, sunrooms, tea rooms and a large public balcony. Each patient's room has a flooring of special Jaspe linoleum laid on the finished concrete, and in each room there is a nurse's silent indicator, and a telephone.

#### *Operating Department*

The operating department is in the north wing of the fifth floor. The walls are lined with *tavernelle* marble, and the floors are of Tennessee marble, except the sterilizing room, where the walls are of Vermont marble. There are three operating rooms, nurses' work room, cystoscopic room, and a suite of rooms for the senior surgeons and another for the internes. There is a plaster room and a laboratory on each floor, and an electric clock service throughout the pavilion governed by a clock in the main office. The floors of all the corridors are lined with cork tile.

There is a special flower room on each floor, where flowers for patients can be arranged, while distilled drinking water is available on each floor, supplied from a special plant in the attic. An incinerator is provided in each utility room for burning the ward refuse, while there are sterilizers, refrigerators and every modern convenience provided.

All the woodwork is flush-panelled in quarter-cut white oak, and vacuum cleaners and standpipes for hose connections are provided on each floor.

#### *Miss Hersey Is Matron*

The pavilion will have a special staff of its own, with Miss Hersey as the matron. There is a special ambulance court at the rear of the pavilion, enabling patients to be brought direct to the second storey, while the grounds in the park at the rear have also been laid out for the benefit of the patients.

The accommodation provided is for 125 patients, and the provision of the pavilion will allow of the abolition of the private wards in the Royal Victoria Hospital, and the provision of more public wards.

The architects for the building were Stevens and Lee of Toronto, with Kenneth G. Rea, of Montreal, as associate architect, George Sellar being clerk of the works. The pavilion was erected by the Cape Construction Company, and makes an imposing addition to the splendid group of buildings constituting the Royal Victoria Hospital.



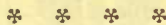
## Editorial



"The Canadian Nurse" begins with this issue the new volume, and the first for us of our new venture. As each month goes on the nurses appear to be appreciating the fact that they have their own nursing journal, and to be more ready to help in any way possible. May this year bring to each nurse happiness, health and prosperity, and may the next New Year have with it the blessing of peace.



At the Convention in Winnipeg, the subject of the returned nurses was brought up. Has any plan been formulated? What are we to do for those who have given of their best for the soldiers, and who come home tired and in many cases unfit for work for some time to come? Nurses are proverbially lacking in the saving of money instinct, and if we are not prepared to do something definite, much distress may occur.



The subject of community nursing is one that is interesting people more and more, and the need of providing proper nursing care in their own homes for people of moderate means. People are looking to nurses to solve this problem, and will hold us strictly to account if we broadly state that if people need nursing, let them go to hospitals. To begin with, our hospital accommodations are inadequate, and in many cases it is impossible for the sick ones to leave home. This magazine is trying to get some articles on this subject, giving the result of several great efforts in places where this tremendous, many-sided problem is being, at least in some measure, solved.



The Annual Convention of the C.A.N.S., and of the Superintendents of Training Schools in Canada, will soon be in session. Every nurse in Canada should be really interested in both these meetings. What plans are you making to be in Montreal for that week, the exact date not having been set? Those of you holding hospital positions should try to persuade your Hospital Board that the best investment for them is to pay your expenses to and from these conventions. Quite outside of the actual meetings, one learns so much from others present who are working over or have solved the very problems that worry you most. If each of our affiliated societies would carefully select a delegate, and send her, how much could be done in our Dominion! It is so hard for the few to go and work at conventions and during the year, preparing for them, and realize that only a handful, so to speak, of the nurses that

could come, really make an effort to be there. On a smaller scale, isn't that the cry of all associations, whether local or provincial? As a New Year resolve, may we all be less self-centred in our work, and feel the largeness of our problems and of our influence and power to solve them for the benefit of all nurses.

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#### SUBSCRIPTIONS, DEC. 1 TO DEC. 31, 1916.

Alberta, 5; British Columbia, 17; Manitoba, 10; New Brunswick, —; Nova Scotia, 2; Newfoundland —; Ontario, 79; Quebec, 21; Saskatchewan, 3; U.S. A., 3; Foreign, 1; Nursing Sister abroad, 2.



Miss MacNair is in charge of the Victoria Branch; Miss Norcross is her assistant. Miss Pedden is in charge of Burnaby, Miss Bufton of North Burnaby. Miss Boomer is Head Nurse of the Edmonton District and has associated with her Miss McLeod in charge of the Child Welfare work, and Miss Walker. Miss Ash has been appointed Head Nurse of the Calgary Branch. Miss Fitzsimmons is her assistant. Miss Eva Shanks has taken charge at Cereal, and Miss Pankhurst at Meota. Miss Skinner has been appointed Matron of the Lady Minto Hospital at Melfort, Sask. Miss I. Wilson is in charge of the Saskatoon District. Mrs. Stockton has succeeded Miss MacMann in Steveston, B. C.

The Enfield Committee are just finishing a very complete little Nursing Home at Central Butte, Sask. Miss Elizabeth Hall took charge of the Toronto Home, October 15th.

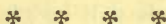
Miss Carter is Child Welfare nurse in Brantford, Ont. A V. O. N. nurse, under the Department of Indian Affairs, has been placed on the Indian Reserve at Rama, Ont., for the winter months, principally for preventive work. Miss Isabel Wallace has received the appointment and entered on her duties December 1st.

Very satisfactory Better Babies contests were held at Vancouver, Ottawa and Yarmouth under the auspices of the Victorian Order of Nurses.

Whitby, Ont., has a very complete and attractive little nursing home. The nurses there are Misses Derby and Shaw.

The Lachine, Quebec, District has two nurses now, Misses Aldrich and LeMieux.

The Montreal Committee have found it necessary to increase the accommodation for their nurses. A new hospital is being built at Edam, Sask., in affiliation with the Order, and plans are under way for the building of hospitals at Birtle, Manitoba and Chinook, Alberta.



The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.



### **The Canadian Nurses' Association and Register for Graduate Nurses, Montreal**

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.

Second Vice-President—Miss Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Club Room, 638a Dorchester Street West.

On Tuesday evening, December 5th, the monthly meeting of the Canadian Nurses' Association was held in the Club House, when Miss Fairley read a most interesting paper on "The Treatment of Contagious Diseases." A large number of nurses were present. The members are taking a wider interest in the affairs of the Association, and several have taken shares in the Club House.



On Tuesday, December 5th, the Canadian Nurses' Association was represented at the Quebec House by Miss Shaw, Lady Superintendent of the Jeffery Hale Hospital, Quebec, when the Local Council of Women and all affiliated Societies presented the following resolution to the Provincial Government:

"In view of the necessity of attaining greater military efficiency and of conserving foodstuffs, be it Resolved that this Society request the Provincial Government to empower the Lieutenant-Governor-in-Council to take immediate steps to restrict to the fullest possible extent, the sale of alcoholic beverages during the period of the war."

We are glad to have Miss E. Perchard back after her long illness.

Miss Dewar's many friends will be glad to know she is recovering, and hopes to spend Christmas at her home.

Miss M. Armstrong, we are sorry to hear, is ill, and she has our good wishes for a speedy recovery.

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## The Nurse's Library



*Modern Methods in Nursing*—By Georgina Saunders, formerly superintendent of nurses at the Massachusetts General Hospital, Boston. Second edition, thoroughly revised; 12 mo. of 900 pages, with 217 illustrations. Philadelphia and London: W. B. Saunders Co., 1916. Cloth, \$2.50 each. Canadian agents, the J. F. Hartz Co., Toronto. This book is such an excellent one and one that no training school should be without, that one is glad to see the second edition come out, bringing it, as the author says, up to the last word in nursing technic.

*Standard Surgical Dressings*—Directions for making. By Nellie A. McKenzie, R. N. Second printing. Whitcomb and Barrows, publishers, Boston, 1916. Price, 30 cents net. A very practical book on a subject most interesting to Canadian nurses at all times, but especially now.

*The Operating Room*—By Amy Armour Smith, R. N.; formerly superintendent of New Rochelle Hospital, New York; superintendent of nurses at the S. R. Smith Infirmary, Staten Island, and at the Woman's Hospital of the State of New York. 12 mo of 295 pages, with 57 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, \$1.50 net. This book supplies a long felt want in training schools, and the author's modesty in her excuse: "It is only a pioneer, from a nurse to nurses, and not from a physician to nurses," is one of the strongest arguments in favor of the book. Who better than the superintendent of nurses, who has gone from probationer to head of an institution, knows that it is usually the things that "stick" that are taught by nurses to nurses. A very excellent addition to the training school text books.

## Letters to The Editor



December 14th, 1916.

Dear Editor:

Will you pardon me asking a favour of you? I am anxious to take a course in administering anæsthetics, and I am told there are schools in New York and Chicago where they give such courses. Now, may I ask you if you know of any such school, and will you send me the address? It just occurred to me, as I am sending the renewal for my Journal, that it would be a splendid thing if there was a question page in the Journal. Not that I do not appreciate it as it is, for I enjoy very much every copy.

Thanking you in advance for information and valuable space, I am,

Yours sincerely,

A. SUBSCRIBER.

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Dear Editor:

The letter in the November issue of the "Canadian Nurse" signed "A Real Canadian," does not read like the letter of a loyal Canadian; loyal to her sister nurses of the Mother Country. I note she writes from Folkestone, while I wonder what kind of nurses she can have come in contact with. It would be interesting to learn in what particular the English standard of nursing differs from the American.

The discipline, I think, is stricter in English hospitals, but I do not think that makes the nurse any less capable of taking the initiative when occasion arises. I have always been struck with the similarity between the hospitals there and here, but they have all been built on the same foundation laid by Florence Nightingale, and it was a nurse from her training school at St. Thomas' Hospital, London, who came over to America and founded the first American training school at Bellevue, New York.

Canada is a big country—too big for its nurses to be afraid of an invasion of English nurses pushing them out of it.

Yours sincerely,

A. B.

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DEEDS

Deeds are greater than words. Deeds have such a life, mute but undeniable, and grow, as living trees and fruit trees do; they people the vacuity of time and make it green and worthy.—Carlyle.

## Hospitals and Nurses



### NOVA SCOTIA

Mrs. Myrtle Horne (V. G. H. Halifax, 1916) has been accepted by the I. A. T. M. N. S., and leaves for overseas shortly.

Miss Emma Thompson (V. G. H., Halifax, 1916) has gone to her home in Middleton, previous to taking up private duty.

Miss Myrtle Hunt, who has been head nurse in one of the surgical wards of the V. G. H., Halifax, leaves on the 20th for a short holiday before going on duty at the Military Hospital.

Mrs. Mary Munro Hubbard, of Grand Falls, N. B., has accepted a position as head nurse in the V. G. H., Halifax.

Miss Bowling, graduate of the Western Hospital, Toronto, has resigned her position as superintendent of the Halifax Children's Hospital on account of ill health, and has returned to Toronto.

Miss Barford (Rhode Island Hospital) has accepted the position of superintendent of the Halifax Children's Hospital, and will begin her duties there shortly. Miss Fraser, a former superintendent, is taking charge in the meantime.

Miss McLaughlin, night superintendent at the Children's Hospital, has accepted a position at the Halifax Infirmary. Her place will be filled by Miss Tout, (Nova Scotia Hospital).

Miss Llwyd, of Halifax, has accepted a position on the staff of the Children's Hospital.

The nurses of the G. N. A. of N. S., will register at the Halifax Children's Hospital after December 26th, 1916.

The N. S. G. N. A. has affiliated with the Halifax Women's Council. The President, Mrs. Forrest, Mrs. Bowman, superintendent of the V. G. H., and Sister Graham, of the Military Hospitals, are their representatives on the Council.

The Committee of the V. O. N. in Halifax held an "at home" at the Council House in honor of the Marchioness of Aberdeen and Tenair, who was in Halifax for a few days.

Miss Sylvia Barrington spent Christmas with her mother, Lady Barrington, at Sydney Mines.

Many interesting meetings of the N. S. G. N. A. have been held lately and we are glad to note that the Association is in a flourishing condition notwithstanding the number of nurses overseas. So many nurses have joined the military hospital staff that it is difficult at times to obtain nurses for private duty.

Miss Tait, head nurse of the V. O. N. in Halifax, has been accepted for the I. A. I. M. N. S.



Mrs. McLarren (Miss Eva Holloway) recently Sister in the Military Hospital, received for the first time since her marriage at her home on Edward Street.

Mrs. Nickerson (Miss Davies) graduate of the Glace Bay Hospital, received this week at her home on Edward Street.

Six of the senior nurses from the Military Hospital leave shortly for overseas.

The "Nurses' Sick Benefit Fund" held a most successful concert recently.

After many years' faithful service as Registrar of the N.S.G.N.A., Miss Pemberton has resigned. Miss Pemberton always had the interests of the nurses at heart.

#### GRADUATE NURSES' ASSOCIATION OF NOVA SCOTIA

The eighth annual meeting of this Association was held October 5th, at Truro, N. S. The attendance from Halifax included Matron Pope, R. R. C., and Nursing Sisters Doyle, K. Graham, and Flora Fraser; Mrs. Bowman, Victoria General Hospital (supt. of nurses), Misses E. Pemberton and M. B. McKeil, of Restholm; Mrs. W. D. Forrest (President), Mrs. J. Corston, Miss F. Fraser, R. N., Mrs. W. Bligh, Miss Barington, Miss Hastings and other members; also Nursing Sister Layton, from Aldershot Camp; Miss White, superintendent Highland V. Hosp., Amherst, Miss Kirkpatrick, Miss S. MacDonald, Truro.

By the kind offices of Miss Kirkpatrick, Provincial Vice-President, accommodation was procured at the Civic Buildings. Morning and afternoon sessions were held under the presidency of Mrs. W. D. Forrest. The morning session was devoted to business. The secretary reported 20 new members had applied for election, 5 of whom would be required to pass the provincial examination. Sixty-six members were engaged on home and overseas military duty.

The Registrar reported 344 calls for private nurses.

Resolutions were passed regarding provincial examinations, which had previously been held once a year in Halifax, should in the future be held simultaneously at the following centres: Halifax, Truro, Glace Bay, and Sydney, in November, March and July of each year. It was reported that Dr. George Murphy, of Halifax, had been elected to succeed Captain Kenneth MacKenzie (at present overseas) as representative of the N. S. Medical Society on the Provincial Board of Examiners.

With regard to the registry, it was resolved that more stringent rules should be enforced with reference to enrolment of nurses who were not already association members.

The following members were elected to act as representatives to the "Canadian Nurse" Committee: Contributor of news and items, Miss Frances Fraser, R. N., Women's Council House, Halifax; Solicitor of Subscriptions, Miss Flora Fraser, A. M. C. Station Hospital, Halifax; Solicitor of Advertising Matter, Mrs. W. Bligh, 20 Morris Street, Halifax.

The afternoon session was opened with an invocation pronounced by the Rev. Mr. Robinson, Rector of Truro, and an address of welcome from Mayor Shackford. Other speakers were, Rev. Mr. Starling, Dr. Dundas, Dr. MacKenzie and Mrs. Archibald, President of the Victorian Order Local Committee.

Very interesting papers were read on "Army Nursing" by Matron Pope, and "School Nursing" by Miss Norah Larkin. The meeting concluded with a vote of thanks to the retiring officers, and the election of new officers was announced as follows:

President, Mrs. W. D. Forrest, 257 Pleasant Street; Treasurer, Mrs. J. J. Doyle, Cogswell Street Military Hospital; Secretary, Mrs. William Bligh, 20 Morris Street; Local Vice-President, Miss Katherine Graham, Cogswell Street Military Hospital; Provincial Vice-Presidents: Miss Sheraton, Superintendent Aberdeen Hospital, New Glasgow; Miss Kirkpatrick, Superintendent Truro Hospital, Truro, N. S.; Miss Mary Watson, Supt. Yarmouth Hospital, Yarmouth, N. S.; Secretary-Treasurer Nurses' Sick Benefit Fund, Miss B. M. McKeil; Honorary Presidents: Miss G. Pope, R. R. C., Halifax; Senior Matron, Canadian Army Nursing Sisters, Miss Violet Kirk, Beverly, Mass.; Miss E. M. Pemberton, Restholm, Halifax, N. S.

The members of the Association were entertained by a delightful drive through the suburbs in cars provided by the Doctors of Truro.

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#### QUEBEC

Miss Elizabeth Hamilton (Class of 1912, R. V. H., Montreal) was married to Dr. Lennie, of Vancouver, in October.

Miss C. M. Campbell (Class of 1904, R. V. H.) has been appointed Superintendent of the Royal Alexandra Hospital, Edmonton, in place of Miss Gilmour, whose recent death cast a gloom over all R. V. H. circles.

Mrs. Eric Edmonds, formerly Miss Mary Edmonds (Class of 1911, R. V. H.) is spending the winter at Howard House Hotel, Eastbourne, England. It will be remembered that Miss Edmonds was on active service for a year or more previous to her marriage.

Miss Glendenning's (Class of 1914, R. V. H.) many friends at the R. V. H. and in Montreal were pleased to see her again last week, and very glad to find her looking rested since her return from the front nearly three months ago. Miss Glendenning expects to return to her work overseas in about a month.

Miss Jean Kidd (Class of 1915, R. V. H.) who has been ill at the Margate Rest Home for Canadian nurses, is now on light duty at Buxton, England. Miss N. King has been moved from Moore Barracks to Bramshott.

Misses Olive Ross, J. Mackenzie and M. Ogilvie, who went Overseas to join the Q. A. I. M. N. S., have arrived safely in London.

Miss Jessie Reid, who has been a valued member of our Alumnæ Association (R. V. H. Montreal) sailed on November 19th for England, where she will spend some time with friends, and later hopes to join the C. A. M. C.

Mrs. J. O. Hamilton, formerly Miss Sarah Chisholm, who was with the McGill Hospital in France for over a year, is spending the winter in the south of France with her mother-in-law and her husband, Dr. Hamilton. Dr. Hamilton, after the recent loss of his father, was operated on for appendicitis and was critically ill, but is now recovering.

Miss Dorothy Wilkes (Class of 1915, R. V. H., Montreal) who left a short time ago on overseas service, after having done military nursing in Valcartier and Montreal for some months, has arrived in England.

Miss Eleanor Moreshead and Miss Ellen Roberts (1915 R. V. H., Montreal) left Montreal for St. John on Christmas night, en route for nursing service in France.

Mrs. Cecil Ewart (B. H. Fairservice) and Mrs. Ernest Reynolds (Estella Craig) both graduates of the R. V. H., Montreal, spent a day in the city on their way to join their husbands for a short time in England, before the latter are ordered abroad.

Miss Emily Legge (Class of 1906, R. V. H., Montreal) has arrived in Montreal and assumed the position of Night Superintendent of the Ross Memorial Pavilion of the R. V. H.

Miss Mildred White's condition continues to improve, and her many friends will be deeply thankful to know that she is now able to be out of bed for a short time every day.

Miss Fanny Munroe (Class 1914, R. V. H., Montreal) left for St. John December 28th, to spend some time with her sister, Mrs. W. Simpson, in Danbury, Essex Co., England. Mrs. Hutson (Miss Saddington) sailed at the same time to join her husband.

Miss Gertrude Squire (1909 R. V. H., Montreal) sends interesting pictures and notes descriptive of life in Petrograd, Russia, where she is at present with the Anglo-Russian Hospital.

Miss Isobel Cameron (Class 1913, R. V. H.) who has been a patient in the R. V. H., Montreal, four months, is convalescing in the Laurentians.

The December meeting of the Alumnæ Association, R. V. H., Montreal, was exceedingly interesting. Dr. Archibald, who came home from the front about a month ago, gave an account of his work there. As he was for some time at a casualty clearing station, he was very close to the heart of things, and his work there and elsewhere has been often spoken of. He graphically traced the wounded soldier from the trenches to the base hospital and over to England, if the convalescence was likely to be long, and spoke highly of the work of the nurses on the other side. All were glad to welcome such an old friend of the Association as Major Archibald back again.



## MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION

Miss Marion Elliott (Class '13) who has undergone a serious operation, has made a splendid recovery, and will now spend some time recuperating in the Laurentian Mountains.

Miss A. Gillespie (Class 16) for some months assistant superintendent of Montreal Maternity, has now taken up private nursing in the city. She spent her holidays in Nova Scotia this year.

Miss V. Carter has been engaged on the staff in the S. O. R. of the M. G. H.

Miss C. V. Barrett (Class '15) Night Superintendent of Montreal Maternity, has returned to duty after some weeks' holidays.

Miss Z. Young, our late Assistant Lady Superintendent, who gave up her position to go overseas, has been attached to No. 1 General Hospital in France. On her way there she visited at No. 3 General Hospital (McGill) and was right royally received by many of our graduates who are serving there.

Miss Lillian Gordon (Class '15) who has been indisposed for some time, is now taking a much needed rest.

Miss Lillian Clark (Class '13) after organizing and superintending the Shawnigan Falls General Hospital for some months, has again returned to the city.

Nursing Sister J. E. Mann (Class '14) C. E. F. No. 3, General Hospital (McGill) has resigned and returned to Canada.

Nursing Sister E. L. Dickie (Class '10) C. E. F. No. 3, General Hospital (McGill) has resigned and returned to her home at River Charlo, N. B., where her mother is seriously ill. The graduates of our school extend their sympathy to Miss Dickie, hoping for her mother's speedy recovery.

The M. G. H. A. A. sent all of its members, out of the city, at home and abroad, special greeting cards for Christmas.

Miss E. Rollands, a recent graduate, has taken charge of the private wards at the Montreal Maternity.

At a meeting of M. G. H. A. A. it was decided, owing to the extra strain and work on the Doctors during the war, that they should not be asked to help out in the way of lectures etc., at the monthly meetings, so instead, after the business meeting each month, Red Cross work is taken up for an hour or so by the members under the convenership of Misses Colby and E. Brown.

Miss Carrie Todd has resigned her position at the Munitions Hospital, Verdun, and Miss Ruth Stericker (Class '13) has taken charge there.

We are pleased to note the special mention by the press of the work of Miss Daisy Fortesque at the front.

We are sorry to hear of the illness of Miss Marion Dewar, in charge of infirmary at Goodwin's Ltd. Miss S. Fraser is filling the vacancy for the present.

The following are the names of recent graduates of M. G. H., with medals and diplomas: Misses Affleck, Briggs, B. Clark, Daly, Mrs. Hanley, Lester, Munro, McArthur, McLeod, Motherwell, Purdy, Robinson, Stephens, Scarlet, Tait and Wales.

Miss G. Nichol has returned to the city, having spent most of the summer and autumn at St. Bruno, Que.

Miss Helen McMurrick, who left Toronto last Christmas Day with the ten nurses of the French Flag Nursing Corps, is enjoying her work in France, and we understand has been doing some organization work worthy of note. Miss McMurrick has always proved herself a very capable and successful worker in the profession, hence we watch her movements with interest and wish her every success in her undertakings.

Miss Firth, who was called to her home in Nova Scotia some time ago owing to family illness, has returned to the city again.

Miss Annie Harris (Class '15) has been taken on the staff of the Montreal Maternity as assistant night superintendent.

Dr. Harryette Stephens Evans (Osteop. Physician) (Class '12) has graduated from the American School of Osteopathy, Kirksville, Missouri. This school is the largest in America, having from five to six hundred students and the faculty comprises some of the most noted men, for instance, Lane, the greatest pathologist. The course of training is three years, and we feel sure that Dr. Evans will give the greatest satisfaction in her work, and we wish her every success. Her offices are at 121 Bishop Street, Coronation Building.

Nursing Sisters P. Babbitt and N. Handcock, of No. 3 General Hospital (McGill) in France, have been on two weeks leave to England. They spent some days with their classmate, Mrs. (Dr.) Robson (nee Miss Flora Dalgleish) at the beautiful coast city of Margate. Miss Babbitt writes: "Our first night there was quite exciting. Just before midnight I was awakened by hearing big guns. My bedroom looked out over the sea, and standing at my window I watched the searchlights and saw the flash of the guns as the battle between our ships and the German destroyers took place. Of course we did not know what was occurring until it came out in the papers next day, September 27th, that the German destroyers in some unknown manner appeared in the Channel and sank the Queen, a transport boat in which we crossed last December, 1915."

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#### ONTARIO

Official announcement was made in Brantford recently that the Royal Red Cross of the first class has been awarded Matron A. J. Hartley of this city, now in the 4th Canadian General Hospital at Saloniki.

A most pleasant occasion was the recent graduation of seven pupils from the Stratford Hospital. Miss Annie M. Ferguson, Walkerton; Miss Isabella Wallace, Avonton; Miss Helen Abel, Fergus; Miss Martha

M. Stock, Tavistock; Miss Vera G. Santrum, Fordville; Miss Rebecca L. Martin, Lucan; Miss Clarice McCrea, are the new graduates. Miss Abel has left for overseas service.

Through the death of Miss McCreadie last month at Gravenhurst, the Alumnae Association of the Toronto General Hospital has lost an honored member. Those who knew her will find her place in Friendships list hard to fill, and the Training School has lost a graduate who brought her Alma Mater the highest honors for fidelity and faithfulness in her profession.

#### HAMILTON

The annual meeting of the Hamilton City Hospital Alumnae Association was held at the Nurses' Residence, Tuesday, November 7th, at 3.30 p.m. The following officers were elected for the ensuing year: President, Mrs. Newson, 87 Pearl Street north; Vice-President, Miss McColl, 23 Ontario Avenue; Secretary, Miss Sabine, 113 Sanford Avenue south; Treasurer, Miss Sadler, 100 Grant Avenue; Corresponding Secretary, Miss Lowe, 336 Cannon Street east; Committee: Misses B. Aitken, Pegg, Binkley, Kennedy, Buckbee.

Misses A. C. Doyle and I. A. Morden, who have been on the staff of the Hamilton Military Hospital for the past year, have received appointments overseas and left the base hospital, Toronto, December 25th for the East.

Miss Simmons has been appointed to the staff of the Hamilton Military Hospital.

Mrs. Reynolds (H. C. H.) has opened a private hospital at 18 Grant Avenue. Mrs. Reynolds is well known in Hamilton and her experience in private nursing, her splendid executive ability and charming personality will ensure her success in her new work. We wish Mrs. Reynolds every success.

#### KINGSTON

The annual meeting of the Kingston Chapter of the G. N. A. O. was held Tuesday afternoon, December 4th, at the Nurses' Home. There were about twenty nurses present. The Chairman, Miss Milton, presided.

The Chapter regret very much that Miss Milton and Miss F. Hiccock, because of work which will prevent regular attendance, have resigned from office. New officers were appointed for the coming year as follows: Chairman, Nursing Sister Susie Wright; Assistant Chairman, Mrs. S. Crawford; Secretary-Treasurer, Miss Fairlie; Assistant Secretary-Treasurer, Miss Eva Valgleish; Recording Secretary, Miss Pearl Martin.

Miss Milton gave a few remarks, telling clearly what the Chapter stands for, and the good that may result from the united work of the nurses.

Miss Fairlie read a paper dealing with a subject of considerable interest to the nursing profession, and which was before the executive of the National Council of Women at their meeting held recently in the city.



Mr. W. F. Nickle, M. P., gave a very interesting account of his recent trip overseas, dealing mostly with the care and transportation of wounded men; how rapidly they are passed on by stretcher bearers and ambulance to ambulance trains and hospital ships in the different hospitals and convalescent homes in France and England.

He also showed some interesting souvenirs. His address was much appreciated. Tea was served, after which the meeting was adjourned.

#### TORONTO

The December meeting of the Toronto General Hospital Alumnæ was held in the Medical Lecture Room of the Hospital on Wednesday evening, December 6th. Colonel Primrose, who was on the staff of No. 4 Canadian General Hospital (Toronto University) from the time the unit left Toronto up till last September, gave a very interesting talk on the life of the unit at Saloniki. He was particularly kind in telling us of our nursing sisters, the entire staff being composed of graduates of Toronto hospitals with the small exception of four outside graduates. At the conclusion of the address, Colonel Primrose showed some 130 lantern slides of the hospital, first as it was under canvas and now in its splendidly equipped wooden huts built specially for "No. 4" by the British Government. Representatives from all the Alumnæ associations in Toronto were present, as well as outside graduates on special duty in the hospital. All present voiced their appreciation of the evening's entertainment. Any little bit of news about our nurses overseas is of vital interest to the "stay-at-homes"!

The Executive of the Alumnæ Association of the Toronto General Hospital, realizing their share of the responsibility in the "Canadian Nurse," sent to each member in November a letter from Miss Gunn, Superintendent of the Training School for Nurses, explaining the position of the magazine and asking for further support than our annual instalment towards the purchase price. We have felt very keenly for the new Editor and her assistants in the Far West, and knew that "mere words" were not sufficient encouragement to enable her to make our one nursing journal in Canada "worth while"! It is with real gratitude that we thank all members who have responded to our appeal, 65 new members and 11 renewals, with the promise of more, and we feel sure that if they only realized what this tangible support for and interest in the magazine meant to Miss Randal, they would be quite satisfied with their donation towards the Toronto General Hospital Christmas Box to the "Canadian Nurse."

But in conclusion—now that we have set the ball rolling in the East, at least we think we are first—is it not possible for us to hear from all the other nursing organization in the Eastern Provinces as to what they are doing for our magazine?

N. H. AUBIN,  
President.

Mrs. M. A. Reid Moore, Class of 1902; Miss Catherine C. McGibbon, Class of 1908; Miss Ruth E. Dawn, Class of 1909; and Miss Florence E. Jones, Class of 1913; all graduates of the Toronto General Hospital, left for England the 23rd November, having joined the Queen Alexandra's Imperial Nursing Service.

The annual meeting of the Public Health Association of Toronto was held at the City Hall on Monday, October 2nd. The following officers were elected for 1916-1917: President, Miss F. Emory; Vice-President, Miss L. Conlin; Recording Secretary, Miss H. Pennock; Corresponding Secretary, Miss M. Stirrett; Treasurer, Miss K. Royce; Press Representative, Miss B. Chillas; Directors: Misses D. Hally, D. Robinson.

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#### ALBERTA

Miss Mona Thompson (Illinois Training School) has left for overseas service.

The Quarterly Business Meeting of the C. A. G. N. was held in the Public Library, Calgary, on Thursday, December 14, 1916. It is a matter of much gratification that there is a spirit of good will and fellowship among our members and also that the interest of each one has much increased. Our Association meets every week for Red Cross work, and once a fortnight to knit socks for the soldiers. It owes much to the work so willingly rendered by Miss Grace Wilson, our honorary treasurer. Miss Gunn, an old member, is leaving with the next draft for overseas service.

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#### BRITISH COLUMBIA

The Royal Red Cross has been bestowed on Miss Fredrica Wilson, Matron of No. 5 General Hospital stationed at Saloniki. Among the nursing sisters from British Columbia stationed there, and receiving special mention, are Miss M. E. Morrison and Miss G. McCullough.

Miss Hazel B. Macdonald, daughter of Councillor Angus and Mrs. Macdonald of Oxford Street and Esmond Avenue, Vancouver Heights, has enlisted in Queen Alexandra's Imperial Military Nursing Sisters, and has left for England. She will stop at Toronto to visit her brother, Driver L. A. Macdonald, of the Mechanical Transport Corps, at Borden Camp, before he leaves for overseas. Miss Macdonald was one of the head nurses at the Vancouver General Hospital prior to her enlistment with a number of Canadian nurses who have volunteered to relieve the tired and nerve-worn sisters who have been on duty at the military hospitals since the beginning of the war. The party, which will sail from St. John's, N. B., on December 8, on the S.S. Missanabie, comprises ten nurses from British Columbia and others from Eastern Canada.

Miss Youdall, who, as noted in a previous issue, recently resigned her position as Lady Superintendent of the Vernon Jubilee Hospital to

take service as an overseas military nurse, has left for the front, and takes with her the good wishes of many friends in this city and district. Her successor at the hospital is Miss Waddington, who has for some time filled the position of head nurse in that institution.

Six more trained nurses from British Columbia left December 13th for overseas service. They are: Miss A. E. Hurst and Miss J. Middleton, of Victoria; Miss L. M. Wilson, of Vancouver, and Miss E. Spink, whose home is in Victoria, but who now is at Phoenix; Miss J. MacKay of this city, who now is at Kelowna, and Miss C. Thompson, who is of Vancouver, and has been engaged as a professional recently at Kelowna. The three former have been on duty at the military hospital, Work Point, and will start from the coast, while the others will board the train at the respective centres in which they find themselves at the time of receiving orders. All are going as attached to the Army Medical Corps of the C. E. F. They will report first at Montreal, where is being mustered a considerable force of Canadian trained nurses. In volunteering they have undertaken to accept service wherever vacancies may occur. Some, doubtless, will go into base hospitals and to other institutions for the care of the wounded and the ill of the C. E. F. in the various theatres of war. The positions vacated by the nurses who are leaving the Work Point hospital are to be taken by Miss M. King, a graduate of the Jubilee Hospital; Miss A. McLeish, of Vancouver, and another who has not yet received her official appointment.

Hon. William Sloan, Minister of Mines, and Miss Catherine Fiske McDougall, graduate V. G. H., daughter of Mr. and Mrs. McDougall, 1149 Beach Avenue, were married at 9 o'clock December 11th, in the First Baptist Church, the ceremony being performed by the bride's uncle, Rev. A. A. McLeod. The marriage was quietly celebrated, only a small party of relatives being present. The bride, who wore her travelling costume, was unattended. Mr. and Mrs. Sloan left for the south on a short honeymoon trip, after which they will take up their residence in Victoria.

So severely burned was Nurse Pearl Parker at a Christmas tree entertainment at the St. Eugene Hospital, Cranbrook, B. C., when she was about to act as Santa Claus, that she died a few hours later. Dressed as a Santa Claus, with a mask having a profusion of cotton batting whiskers, Miss Parker's clothing became ignited as she reached into the tree for presents.

One of the recent inaugurations and steps in advance in connection with the Training School for Nurses of the Vancouver General Hospital, was the formation of an Educational Committee. This Committee deals with matters of an educational nature concerning the Hospital.

The Committee is paying much attention to the training school. Dr. R. E. McKechnie is Chairman, and under his direction there is no doubt that good work will be done in developing the training school in connection with the Hospital.

One of the first things the Committee undertook was the adoption of a new curriculum of studies for the nurses. This is now published and



reflects much credit on the Superintendent of Nurses and the Educational Committee.

It was decided to open the teaching year on November 1st, and on the evening previous to have an opening address by some prominent speaker. Mr. Burns, Principal of the Normal College, Vancouver, kindly consented and delivered a most interesting address to over two hundred nurses assembled in the University Auditorium. Thirty-two probationers, who had just arrived, were present at this address and received valuable thoughts to carry into their work with them. After the meeting the audience retired to the Nurses' Home, where refreshments were served. The following day regular lectures, classes and demonstrations commenced and will continue throughout the year.

Christmas at the Vancouver General Hospital has been made happy by the spirit of good will and fellowship with which every one has tried to bring cheer to those who are shut in. Each patient received some little remembrance. This was made possible through the generosity of Mrs. B. T. Rogers, the Woman's Auxiliary and the the different churches and business firms in the city.

Santa Claus, with reindeer and bells, delighted the little folks of Ward "U," after which he visited the Isolation Wards, leaving kindly remembrances for all.

An impromptu band, consisting of house doctors with curious musical instruments, visited all the wards, bringing mirth and good cheer to the patients. In the afternoon the carol singers from the different churches sang in all the wards.

The week following Christmas has been spent in a round of merry-making, classes having been suspended. On Thursday, the Intermediate Class had a dance in the new Home. The same night the Seniors had a theatre party. Saturday night the Junior Class had a masquerade ball in the old Home. On January 2nd, regular work begins again. Our forces have been reinforced by four nurses from Edmonton and one from Johns Hopkins, who will post graduate in surgery.

During the recent trip east of Mrs. J. D. Brown (Miss Gertrude Barnard) to Rochester, N. Y., she was the recipient of special privileges extended to her by the Surgeons' Club.

Mr. and Mrs. George Kier, of Somenos, Vancouver Island, announce the engagement of their third daughter, Gertrude Bernice, to Lieut. Harry A. Black of the 47th Battalion C. E. F., who is home on leave. Miss Kier, who is a graduate of St. Paul's Hospital, left this week for Montreal en route for England, having received her appointment as nursing sister in the Canadian Army Medical Corps.

Miss Bertha H. Bennett, 582 Nineteenth Avenue west, who enlisted as a nursing sister early in the war, has been appointed for overseas service and will leave the city on Monday next. Nurse Bennett is a sister of Capt. (Dr.) A. E. H. Bennett, who went overseas with the First Canadian Contingent in 1914 and, after serving with various Canadian hospitals, is now with a field hospital in the first line in France.

The following letter sent to one of her friends in Victoria, was written by Matron Frederica Wilson, No. 5 General Hospital, Canadian, from Saloniki. Matron Wilson has been awarded the Royal Red Cross of the First Class. Her letter, written under date of November 27th, in part, follows:

"We have heard so many wild stories about the Canadian hospitals being withdrawn from this district that we hardly expected to spend Christmas here. However, it would be hard to find a more beautiful climate to spend it in than the one we are enjoying at present. The weather has been beautiful, mild and warm and sunny, and the sunsets are gorgeous. We get about in our uniforms all day and do not require any extra wraps. It is hard to believe that it is November 27th. Since last Spring we have been steadily busy, in fact we increased our hospital capacity from 1040 to 1700 from May to September, and at the same time moved into our new huts as they were finished. Since coming here our hospital has treated 18,000 patients. At present we are not at all busy, and have four sisters off duty at one time. We have loved the rest because we were so busy during the hot weather and were all more or less tired, but on the whole the unit has been very well and we have been more fortunate than any other unit out here, for we have had no casualties and very few seriously ill at any time."

In the New Year's honor list of overseas nurses appears the name of Matron F. Wilson as receiving the Royal Red Cross of the first class, the highest military honor in the gift of the Empire for women. The recipient of the honor is Matron Frederica Wilson, of Vancouver, who went overseas with the British Columbia Hospital unit and is now Matron of No. 5 General Hospital at Saloniki. Matron Wilson's name is mentioned in despatches on December 8, 1916. Miss Wilson left for the front in August, 1915. She was for some years superintendent of the Winnipeg General Hospital.

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### Births

At Montreal, to Mr. and Mrs. C. Nelson, a son. Mrs. Nelson was Miss Helen Tough, of Class '05, M. G. H.

### Marriages

In Toronto, in November, 1916, Miss Ethel Luckwell, Class of 1909, Toronto General Hospital, to Mr. Frederick McNab, of Toronto.

On December 29th, 1915, at Minitonas, Manitoba, Miss Annie A. Knox, graduate of Medicine Hat General Hospital, Class 1911, to David C. Hannah, Minitonas, Manitoba.

On September 1st, 1916, at Amulet, Sask., Miss Betty Anderson was married to Mr. Frank W. Lamb, of Westmount, Que. They reside at 840 Grosvenor Avenue, Montreal. Mrs. Lamb is a graduate of Montreal General Hospital.

The marriage of Miss Jean Paterson and Ross L. Osborne took place at Victoria, B. C., December 6th, 1916. Miss Paterson is a graduate of St. Joseph's Hospital, Victoria, B. C., Class 1913. Mr. and Mrs. Osborne will reside in Portland, Oregon.

In St. Peter's Church, Toronto, October 28th, Miss Bertha Isabel Atkinson (Lady Stanley Institute, Ottawa, 1903) to Mr. John C. McLellan. She will reside in Port Whitby.

Blythe-Filmore-Wyatt. On December 29th, at Vancouver, B. C., Miss Isabel Beveridge Blythe, graduate Vancouver General Hospital, in charge of the Isolation Ward, V. G. H., to Pte. Fred Filmore-Wyatt, of "A" Company, 231st O. S. Battalion, Seaforth Highlanders.

The marriage took place at Phoenix, B. C., on December 4th, 1916, of Miss Jewel Sigsworth (V. G. H., 1914) to Dr. Lee Smith, of Phoenix, B. C.

At St. Saviour's Church, Vancouver, B. C., on December 23rd, 1916, Miss A. I. Powell (V. G. H., 1915) to Mr. W. Barrows, of Powell River, B. C.

At the First Baptist Church, Vancouver, B. C., December 5th, 1916, Miss Katherine McDougall (V. G. H., 1912) to Hon. Wm. Sloan, of Nanaimo, B. C.

At Griswold, Manitoba, on December 16th, 1916, Miss Annie E. Michie (V. G. H., 1913) to Mr. D. John Hibbs, of Huntley, Alta.

### Deaths

McCreadie—At Gravenhurst, Ontario, on Tuesday, December 12th, 1916, Margaret McCreadie, Class of 1906, Toronto General Hospital.

In Toronto, 7th November, 1916, at her late residence, 71 Castlefield Avenue, May Johnston, beloved wife of Robert D. Greenham, in her 32nd year. Mrs. Greenham was a member of the Class of 1909, Toronto General Hospital.

#### NURSING BOOKS

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## Hospital Wing Opened by Duchess of Connaught

The Duke and Duchess of Connaught journeyed to Chatham, Eng., Nov. 23rd for the opening of the new wing in the naval hospital given by the women of Canada. Sir Arthur May, director-general of the admiralty, explained that the women of Canada, through the Duchess of Connaught, offered a hospital ship, sending ten thousand pounds for the purpose. The Admiralty, he stated, considered that a more practicable use for the money would be provision of a hundred more beds at Haslar Hospital. Since then this special Canadian fund has grown to forty thousand pounds, which had thus resulted in the present wing at the Chatham navy hospital.

Sir Arthur paid a tribute to Canadian women's work in the war, while, he added, "we in England are also simply amazed at what her men have done."

The Duke of Connaught, following the Duchess' formal opening of the new wing, said, however splendidly the men of Canada had done, the women had done equally as well. During his gubernatorial term there they had responded with eagerness to every call. In this case they had not waited to be called upon.

The Canadian coat of arms is outside the new wing, with an inscription stating that the wing is the gift "in loyalty to our King and Empire and undying gratitude toward the brave men fighting for the vindication of our honor among nations."

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### WHICH ARE YOU?

There are two kinds of people on earth to-day,  
Just two kinds of people; no more, I say.  
Not the sinner and saint, for 'tis well understood  
The good are half bad, and the bad are half good.  
Not the rich and the poor, for to count a man's wealth,  
You must first know the state of his conscience and health.  
Nor the humble and proud, for in life's little span,  
Who puts on vain airs is not counted a man.  
Not the happy and sad for the swift flying years  
Bring each man his laughter and each man his tears.  
No; the two kinds of people on earth I mean  
Are the people who lift, and the people who lean.  
Wherever you go, you will find the world's masses  
Are always divided in just these two classes.  
And oddly enough, you will find, too, I wean,  
There is only one lifter to twenty who lean.  
In which class are you? Are you easing the load  
Of over-taxed lifters who toil down the road?  
Or are you a leaner, who lets others bear  
Your portion of labor and worry and care?

—*Una Nursing Journal.*

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### Nurse Tupper Buried

The funeral was held in London recently of Sister Aldruenna Tupper, the Nova Scotia Red Cross nurse, who died of pneumonia. Military honors were accorded and the coffin was carried by six officers from Hillingdon House, Uxbridge—Captains Murphy, Swift, Wiswell, Morton and Lazier and Lieut. McKinnon. A number of Miss Tupper's former patients sent magnificent floral tributes.

Nurse Tupper died just four days after she had been decorated at Buckingham Palace with the Royal Red Cross, when she was also received by Queen Alexandra at Marlborough House. She came to England with the early contingents of Canadian forces, and was first stationed at Salisbury Plain, after which she served in France for over a year.

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Confirmation has just been received in Paris of the murder of a French woman, Mme. Moresse, by the Germans in Brussels. The crime was perpetrated under similar circumstances to those attending the killing of Edith Cavell, and at about the same epoch, her execution having taken place on February 29 last.

This victim of German barbarity was the wife of a Brussels journalist, and, according to a letter received from Holland by her relatives, who live near Paris, her ardent patriotism—she was a nurse, like Miss Cavell, in a military hospital—had earned for her the cruel spite of the invaders.

Charges were trumped up against her to give von Bissing a long-sought pretext to bring her to judgment, and execution. She met her end heroically. She leaves a daughter, who is still in Brussels.

The father of Mme. Moresse says the news overwhelms but does not surprise him. His daughter was of frank, outspoken character, and he imagines that, revolted by some act of German brutality, she spoke her mind too freely.

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The value of a baby's eyes was fixed at \$25,000 by Judge Frank J. Murasky, who gave judgment for that amount to the parents of Mary Rubio, one year old, against a graduate midwife. It was alleged that the midwife failed to care for the baby's eyes properly at birth and now the eyes are sightless. "A pair of baby's eyes are priceless," said the Judge. "No amount of money that this or any court could give, no matter how large the amount, would compensate for the loss of this baby's sight."—*National Committee for the Prevention of Blindness.*

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### A MAN'S HEART

A man's heart is an office desk, wherein tender episodes are pigeon-holed for future reference. If he is too busy to look them over, they are carried off later in "Father Time's" junk wagon like other and more profane history.—*All That's Lovely.*



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### A TALL ORDER

The matron of a certain hospital in France, for some reason of her own, thought that the "Tommies" under her care should not visit a neighboring village. Passes were allowed, but they were few and far between. One day a "Tommy" applied for a pass, and the matron asked him why he wanted to go to the village. "I want to get something from a shop there," he said. "Well, as I am going to the village myself, I may as well get it for you," was her reply. "Well, bring me a hair-cut and a shave!" replied the man.

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Regular Meeting—First Tuesday, every second month.

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Regular Meeting—First Monday, 4 p.m.



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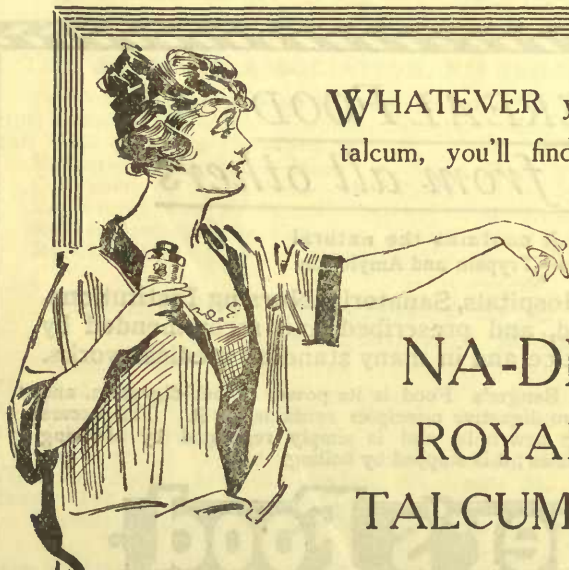
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# THE CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

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No. 2

## \*The Laboratory as an Aid in Social Service

(H. K. Detweiler, M.B., Junior Research Fellow in Medicine, Acting  
Lecturer in Bacteriology, University of Toronto.)

I have been asked to speak this evening upon the subject of the relation of the work in which I am engaged, to the problem which you, as Social Workers and Students, are facing from day to day. The discussion of such a subject necessarily opens up a wide field—so vast that one hardly knows where to begin and how to emphasize so many important points in the time at our disposal.

There are, perhaps, four main pathological conditions which are of special interest to all Social Workers and to which they should pay the utmost attention. Let us mention them in this order:

1. The Feeble-minded and the Insane.
2. Tuberculosis.
3. Streptococcus Viridans Infections.
4. Syphilis.

With reference to the first, the laboratory is only indirectly, though none the less keenly interested, in view of the fact that many cases of both feeble-mindedness and insanity are directly traceable to syphilis. The laboratory has contributed much toward facilitating the diagnosis and treatment of tuberculosis, but it is in regard to the last two conditions enumerated above that its services, both in research and in routine, have revolutionized the modern conception as to prevalence, significance and treatment. Let us therefore confine ourselves to a brief consideration of these two maladies, and the line along which we are attempting to attack the problems involved.

### (a) *Streptococcus Viridans Infections*

Under this general heading we include such important diseases as Endocarditis, Acute Inflammatory Rheumatism, many cases of Appen-

\*From the Laboratories of the Department of Bacteriology and Serology, University of Toronto and the Toronto General Hospital.

Note:—This lecture was given in the Lecture Course in Medical Social Service, University of Toronto.

(1) Detweiler, H. K., and Robinson, W. L., Experimental Endocarditis with Streptococcus Viridans of Low Virulence—Transactions Association American Physicians, May, 1916.  
(2) Walker, I. C., and Haller, D. A., Routine Wassermann Examinations of 4,000 hospital patients—Journal American Medical Association, February 12th, 1916.  
(3) Veeder, B. S.—Hereditary Syphilis in the light of recent Clinical Studies—American Journal Medical Sciences, October, 1916.



dititis, Gall Bladder infections, Nephritis, etc. These diseases are believed to be due in the overwhelming majority of cases to the *streptococcus viridans*, a small spherical germ, growing in pairs and in chains and producing a peculiar greenish color when grown in the laboratory on blood-agar. This organism normally inhabits the mouth and neighboring tracts of mucous membrane and it has been shown by experiments in our laboratory (1) that even while in the normal mouth these germs are capable of causing the gravest conditions if they are transferred to the blood stream. They are transferred to the blood through the diseased tissue in cases of tonsillitis, alveolar abscess, pyorrhea alveolaris and infections of the accessory sinuses of the nose and ear. Thus it is a matter of the most casual observation to find many cases of tonsillitis followed in the young by endocarditis and in the adult by rheumatic fever, or both. It was by bringing into this field of study the resources of the laboratory in the way of advanced methods of culture of the organisms in the blood and focal lesions in and about the mouth that the tremendous significance of these mouth and throat infections and their direct relation to diseases of the heart, joints and other important structures, was borne in upon the medical profession. Obviously the lesson to be learned from all this is the value of oral hygiene, the importance of careful but prompt treatment of all infections about the teeth and tonsils, and of the maintenance of a perfect state of health, so that these bacteria, perfectly harmless in the normal mouth, may not gain entrance into the blood stream and set up a pathological condition which may render the victim maimed for life, if it does not cause death. And therein lies the crux of the whole matter. The people must be educated along these lines so that they may co-operate with the medical and dental professions in the prevention of these conditions, and who occupies a more strategic position in the campaign for public health than the Social Workers and the District Nurse who can carry this educational propaganda from house to house into the very homes of those whom we wish to reach? Even when one turns from a consideration of the individual and his health and happiness and looks upon the problem from an economic standpoint the situation is startling. When the history of the war is written and the records of the recruiting depots are compiled and we are able to see the vast numbers of men who have had to be rejected from serving in the army on account of infections of the endocardium, of the joints, and of the nervous system *which might have been avoided*, at least to a large extent, had modern methods been available, we will begin to realize the tremendous importance to the community and to the State, of this question.

(b) *Syphilis*

I have no hesitation in stating that even more startling than the foregoing is the situation with regard to syphilis. It is true that this subject has been but lightly touched upon in the past years in such an audience as this, nor can it be said that even now it forms a suitable theme for the drawing-room. Nevertheless, serious-minded people must



face the problem and to face it intelligently one must know something about the disease.

### *Prevalence*

Until the discovery and application of the Complement-fixation (Wassermann) test for syphilis, the extraordinary prevalence of this disease was not even dreamed of, much less suspected, and this test embodies one of the greatest contributions of the laboratory to modern science and to the public welfare. In the Toronto General Hospital we are now doing a routine Wassermann test on every public patient admitted to the ward. Owing to the depletion of the staff of the laboratories, due to the demands of the war, it was thought impossible to carry out this programme, but by a special effort the routine test was established on the first of October of this year, and already we have records of over five hundred cases, not including the Out Patient Department (in which a special clinic for syphilitics has been in operation for over a year). Of these five hundred cases of admissions for all sorts of diseases, no less than seventy have syphilis! a percentage of 14, and let me call your attention especially to the fact that in the majority of these cases the disease was unsuspected and would most certainly have been overlooked had not a routine test been done irrespective of symptoms. Think of the far-reaching significance of these findings! Our results so far are almost identical with those reported from Boston, (2) where, in the Peter Bent Brigham Hospital, out of 4,000 admissions, 600 cases (15%) had positive Wassermans. These observers make this illuminating statement: "Cases of unsuspected syphilis greatly outnumber those frankly syphilitic among patients applying for treatment in a general hospital."

During the year preceding October, 1916, our own records show that in the case of indoor patients only—without routine tests—we had in public wards of the hospital 219 syphilitics.

### *Etiology*

Syphilis is caused by a peculiar spiral germ, the *Spirochaete Pallidum*, discovered in 1905 by Schaudinn. It attacks young and old with apparently equal facility and both sexes are equally susceptible. The disease is communicated in the vast majority of instances by sexual intercourse with syphilitic subjects. It may also be contracted by public drinking cups and towels (if used almost immediately after being contaminated) by kissing and especially by nurses and doctors in attending syphilitic patients.

### *Manifestations*

First of all, let me impress upon you this point, viz.: The disease may be present in the so-called "latent" state, in which the patient shows no signs of the disease at the time. Secondly, that syphilis may simulate almost any disease known and is often mistaken for other conditions. With these important premises established, we may go on to state that usually the disease manifests itself two to four weeks after exposure to the germ, in the form of a hard sore, called the primary chancre. This

may be upon the external genitalia, the lip, the finger, or elsewhere, as the female breast.

The secondary stage may come on immediately or not appear for several months. The usual signs are any or all of the following: Rash, sore throat, mucous patches in the mouth, ulceration of the soft palate or nasal septum, pains in the bones, headache and loss of hair. The lesions of the primary and secondary stages are especially infective and great care should be taken in handling such patients.

The tertiary stage comes on almost at once or it may not appear for a year or more. Lumps (gummas) under the skin or in the deeper parts which may break down if superficial, forming ulcers appear and lesions in the vascular system all over the body, are sure to occur.

Late manifestations such as *Tabes Dorsalis* (*Locomotor Ataxia*) general paresis of the insane (*G. P. I.*) or cerebral syphilis, may appear in from five to fifteen years after infection.

Cases of hereditary syphilis are very common and when one studies the problem of syphilis from the standpoint of the cost and wastage to the family, the community and to the state, this item looms up in gigantic proportions. Veeder (3) has collected some interesting data on this point. He finds that 10 to 30 per cent. of syphilitic marriages are sterile and 13 per cent. result only in abortion. Out of 331 pregnancies in 100 syphilitic families, he finds the following results:

131 (40%) died before term.

51 (15%) died after birth.

55% dead.

116 (35%) living but syphilitic (often feeble-minded).

33 (10%) escaped syphilis.

When we consider the above and add to it the physical condition of the parents, which most assuredly is below par, we begin to realize the tremendous wastage from this disease.

#### *Method of Attack*

Here again, prevention is the key-note and should ever be kept in mind. Briefly we may outline our campaign as follows:

(1) *Medical*—Treatment of syphilitics with Diarsenol and Mercury preparations, with frequent Wassermann tests to determine progress and efficiency of the treatment.

(2) *Educational*—Instruction of the public in methods of avoiding infection. Public drinking cups and towels should be condemned. The youth of the country should be judiciously informed of its nature and the consequences of the disease.

(3) *Environmental*—The industrial life of the masses, as well as their hours of recreation, should be safe-guarded from predisposing factors. It must be remembered that the majority of new cases of syphilis are lodgers who have no home life and to whom the street is the common meeting ground.



(4) *Moral*—Elevate the moral instincts, supplanting vicious tendencies by healthful diversion, and, in this regard, the words of Osler are *apropos*: "Personal purity is the prophylaxis which we as physicians (and social workers) are especially bound to advocate . . . and nothing is better in carrying out this idea than advising hard work of body and of mind . . . to carry out successfully any administrative or legislative measures seems hopeless, at any rate in our Anglo-Saxon civilization. The state accepts the responsibility of guarding against smallpox, measles, scarlet fever, diphtheria, but in dealing with syphilis the problem has hitherto baffled solution. Inspection, segregation and regulation are difficult if not impossible, and undesirable, and public sentiment is bitterly opposed to this pain. The compulsory registration of every case of syphilis with greatly increased facilities for thorough treatment offer a far more acceptable alternative."

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### Sanitation as it Was

(By Dr. A. P. Reid)

Formerly Provincial Health Officer, Middleton, N. S.

(Association of Medical Health Officers of Nova Scotia, July 4, 1916.)

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The subject I presume to address you on is so large to treat, in extenso, that I will only refer to the more prominent points, trusting to your courtesy as my excuse. I have spent a long and very indifferent or inactive life working on those lines—preaching as well as practising sanitation—for Health is the pinion that supports and directs all our sublunary efforts.

This cardinal point I learned at a very early period in life, but I also learned much that was said about it was not true, and much that was true was not known, for all of the attention devoted to it by the most able minds of the past centuries far too often assumed truth, became fiction, and we were travelling on a morass. I presumed to enter the lists sustained by the fact, that "the race was not always to the swift nor the battle to the strong," and I did not class myself with the swift or the strong, for I soon learned that my ability was only fair to middling—because in every line of endeavour I found that I was surpassed by others. I learned also to counterbalance my defects by persistence in effort. A matter of very great moment is not to know you are whipped. Even if downed often, get up again and peg away. To attain an object find out all the favoring lines and then, what is of more importance, the unfavorable ones, too often glossed over. Lay down your course and hang on to it, meeting obstructions known and unknown. In fact, persevering effort is the only pathway to success. Your original lines may have to be



modified, but very rarely abandoned. One may have many neutral and physical defects that are irreparable, but anyone can cultivate perseverance, and this became my reliance.

Though somewhat handicapped, I also learned that what another could do, I could attempt and get on at fairly well. Though thirty miles a day was about my best walking ability, I have met men that could do that and more, and carry me as well. Yet on hundreds of miles of a stunt, I was on hand at the end. At college, by steady work, I always had some points above a minimum pass. Looking back on many a decade of years, I recall many of my companions on the barque of life, who set out with me—so many my superiors in all lines—men who achieved distinction, and deservedly so, but now those on deck can be more than numbered by the fingers; the others dropped overboard, and some of the brightest when not far on the voyage of life.

I also learned that the greatest demon of destruction was worry, worry no matter what the cause, and at the same time learned there was no occasion for it. Overcome worry and you put sanitation on the road to success. Teach and practice and make it a part of life, that we must accept the inevitable—death, injury, loss, hardship—then why not accept it and let it go at that? Take the best course visible, let the dead past go, and compel your mind to look to the future and never backwards, unless as a guide or a warning. "There is nothing so bad that it could not be worse," so sing "High diddle," or "Tipperary," even though your voice may be a little cracked.

You may say this moralizing is all very well, but it bears but lightly on sanitation. It is just this, when you know the conditions under which I absorbed my ideas, you may understand why I may differ with some experts. I paddled my own canoe since I can remember, assisted in my school days by teachers (sic) who illustrated just how it should not be done, with a two-foot ruler or a rawhide or a birch too generously applied. (I never knew a boy that amounted to much, though, that did not deserve the birch now and then.) But now, looking back, my earlier ideas are modified; I at that time, looked on school as a place of punishment for boys, but to me it became a mentor. It sharpened my wits and made me keep an eye to windward; it taught self-reliance and the power of observation, and the lessons there learned have lingered by my side every day of my life. When used to hard knocks, they cease to give rise to fear and tend to obliterate nervousness and worry, the bane of easy comfortable human existence, the bottom rung of the sanitary ladder.

Dirt and disease is a motto that requires qualification. Though often associated they are not synonymous. I think I may safely say that dirt (per se) causes no form of disease, but it does prepare the way. But a foreign element must be introduced, and to guard against this I consider the acme of sanitation—for immunizing the human race is only very partially practicable.

Asepticism is by all manner of means preferable to antisepticism which should only be used to remedy our defects in asepticism. We want prevention rather than cure.

The college, valuable though it is, did not so much favor what knowledge I may have, as that it assisted observation. I lived for a period with out North-West aborigines, and saw unlimited dirt, squalor, shades of starvation, exposure and fatigue—with extreme heat and cold and defective covering or protection—food often most repulsive and used from gorging to abstinence—from life sustained by flesh alone—down to roots and weeds and for periods on nil, water being the main stay, and the want of it, the most severe punishment, yet I cannot recall a case of dyspepsia or stomach trouble, coughs, colds, rheumatism, pneumonia, heart affection, typhoid or other fever, tuberculosis, syphilis or cancer, no gangrene in severe wounds. Death was only from war, accident, starvation or old age. The savages had no monopoly of good health. Those who wandered into these districts from civilization and co-mingled with the natives, enjoyed equal immunity. Those people were great sanitary instructors. We all recognize the supreme importance of pure air and good ventilation, pure water in abundance, bathing and steam bath, exercise, knowledge of and facilities for cooking, and above all sewerage and the removal of organic waste. All these the savages had in perfection, taking into account their customs and desires.

Their tents were open air domiciles. They camped beside the river or lake, giving bathing facilities that they used. All over the western plains we passed what were called "sweat houses." These were circular dome-shaped mounds about five to eight feet in diameter and two to three feet high, with a hole in the side, only large enough for a man to crawl through, and in the centre of the mound a cavity about one foot in diameter and the same depth, with some stones in it. Some were mounds of earth built on a frame work, and where this was not available a framework of willows or small sticks was made into the same form and when to be used was covered with skins to hold in the steam. The *modus operandi*: The bather made a fire and heated the stones, which were then placed in the hole in the centre, put a vessel of water in a convenient position, stripped and crawled through the hole in the side, curling himself round the central cavity. Then he poured water on the hot stones in quantity to produce as much steam as he wanted. The hot steam rose directly up (outside hole being closed) and diffused so that the bather could regulate the temperature and quantity. When finished he crawled out of the hole, all in perspiration, and jumped into the water beside which these sweat houses were located. In the wilds the steam bath was available at little cost or trouble, which cannot be said of these conveniences in civilization. These sweat houses were not torn down.

For exercise, it was their life work. Their bed was the ground which, when used to it, fills the bill O. K. Food varied with season and locality. Cooking, though primitive, filled the bill from a sanitary point of view. Whether they had cooking utensils or not, it did not matter



so much. An oven could be improvised by some small stakes of dry wood (not to give taste to the broil as green stakes would do) driven into the ground near the fire on which was impaled the roast. One stake would suffice for a small piece and this, placed in front of the fire, allowed the cooked portion to be eaten, while the other side of it (next the fire) was at the same time being prepared for consumption. Bread could be baked in a similar manner by winding the dough around the stake. If stones were available they served well for bread baking, as they could be heated, the dough placed on them and put in front of the fire, and baking went on from both sides. They always used unleavened bread. Any variety of vessel could be used to boil water in, be it metal, wood or grass—heated stones dropped into the vessel of water had it soon boiled, when the stones (or pieces of iron) were removed. One day we met some Indians at a halting place and gave them some flour, and as they had no pots or pans, we designed to lend them ours when they were emptied, but they were not required. A piece of cotton a foot square was fished out, and the flour piled into a cone in the centre, then a depression was made, and some water poured in, when mixing the flour began. Then more water was added and mixing continued until every scrap of flour was converted into dough and the cloth was never even dampened. The cloth was then rolled up and put away for future service, the dough placed round a stick, and the Indians had their dinner cooked and eaten ahead of us with our paraphernalia. Sanitary laws were not infringed, cleanliness prevailed, and the kitchen menage very limited. As to sewerage and organic waste, their method was perfection—our system reversed. We remove our detritus; they leave theirs in situ and remove themselves. As they never stay long in a place and make a rule not to camp twice in the same place, unless at long intervals, natural agencies are allowed to purify and disinfect. But if into this Arcadia we introduce disease it spreads fearful havoc, as they have not the partial immunization of civilization conferred by long exposure to disease agencies. At that time I was in a dilemma: "Why was this thus?" Medicine gave no sufficient explanation. There were innumerable theories more or less contradictory. The doctor was handicapped. This was before the time of Pasteur and the host of eminent men who took up his lead. Biology was an academic phrase that had no meaning for the every day work of the doctor. As a working theory or explanation I adopted that of Hippocrates—that an open air life, available food, moderate exercise, no worry and no excesses will conduce to health from the equator to the poles, as was continuously demonstrated. But the antithesis also was in evidence, my treatment of tuberculosis settled down to that of Hippocrates, which is that of to-day, but its modern explanation is of yesterday. My other guide was the Hebrew prophet Moses, the greatest sanitarian of all the ages. The man (no doubt inspired) that took a diseased enslaved people and welded them into a virile nation that no amount of ill usage, hard times, persecution, starvation, etc., can emascu-



late from them their supreme vital virility. His methods are detailed in Holy Writ, to which I would refer you.

Of nothing was I more convinced than that consumption or tuberculosis was hereditary and not infectious, but there was the possibility of cure by hygiene in its wide acceptance and so it remained until the tuberculosis bacillus was demonstrated by Koch and theory was displaced by fact. There is now no theory of spontaneous generation (that confounded dirt and disease), though it was the live question before the time of Pasteur who valiantly contended for the "omnum virum exovo" theory (all life from a preceding life), and in the environs of fifty years ago I was more than interested in this subject. Dr. Charlton Bastian ably contended for the spontaneous generation theory and not until Pasteur's demonstration was there much doubt of its correctness. The great conflict between these doughty defenders took place over "hay tea," which was specially prone to fermentation. Each repeated the other's experiments and got diverse results, and I thought that Bastian had scored the game. Pasteur unqualifiedly stated that boiled hay tea in a sterile, stoppered test tube, would not ferment, but would remain unchanged. Bastian triumphantly proclaimed that after most carefully carrying out Pasteur's experiments, after a time a growth took place in the assumed to be sterile hay tea. But Pasteur was not put "hors du combat"; his response was, after further experiment: "Hay tea boiled and kept sterile in a sealed tube may ferment, and this even when boiling has been kept up for about fifteen minutes, but if the boiling be continued for a half hour or over, there will be no regrowth, no matter how long it be kept in the sterile tube." And he gave as the explanation: "There are two elements to sterilize, the bacillus and its seed or spore. The former is killed by boiling, but the spore is more retentive of vitality and requires longer exposure to heat." A plant of wheat, oat or anything in fact when germinated is destroyed by a heat, has not much effect on the ripened seed of the plant. This we all know, but not the least of Pasteur's discoveries was the demonstration of the fact that microscopic life follows the same law as macroscopic life. Not until this fact became known did we know how to sterilize. Neither Bastian nor any other has been able to confute Pasteur's dictum, and the spontaneous generation theory passed into the shades and is now rarely ever mentioned.

This question had a commercial and economic value that was solved but not explained before Pasteur's time. It was assumed that the great cause of fermentation and putrefaction generally was the presence of oxygen; ergo, remove the air and with it the oxygen and you can preserve fresh organic substances, especially foods. The best way of doing this was by heat and blowing off, and it was successful and as a result we had canned goods, hermetically sealed, so called.

Time showed that oxygen was quite an outside factor and that air filtered through sterilized cotton wool had no influence in causing fermentation, etc.; ergo, the canned goods business should be a failure.

But these merchants "built better than they knew." Their process required such long application of heat, that the germs of fermentation as well as their spores were destroyed and the canning business is in increasing evidence.

In Nova Scotia, fifty years ago, travellers and strangers were few compared with later years. The great majority of the people were on farms and much in the open air. Even the towns and cities were not crowded, and though they had their share of dirt, they had not much disease, for dirt and disease are not convertible terms. But the crowding of people into the towns and the incursion of tourists, etc., changed social conditions. Vaccination had done away with small-pox, but vaccination gradually fell into desuetude. At one time vaccination and baptism were conferred on nearly every child, but to-day what a small percentage are vaccinated, as the last few years have demonstrated. As to baptism, it is not our theme. Without vaccination we are not safe, and you must try to do the almost impossible (except in Germany). I can sympathize with you, as I have been so many years at it, but I do not feel proud of my work. It is hard to succeed in an effort to move hebetude, and a thing there is no money in, when your subject has no personal interest of moment in it, and the crowning argument is: "Why can't we do as our fathers and grandfathers did?" But you must peg away.

### *Tuberculosis*

I have been specially interested in this question for over sixty years, and the lines I would take for its treatment and eradication diverge somewhat from those now travelled on, which I feel confident will fail in possible success unless they switch into my line. This on its face may be questionable modesty on my part, but I must adhere to the above dictum. My ideas are no secret, as I have published them freely. To recapitulate:

First—I think that sanatorium system is an attempt to do the impossible, not that it should be abandoned, but that it should be put in its proper place, simply a special hospital to care for the afflicted. For it may assume to cure, and yet it cannot do more than any other hospital.

Second—It is rather a means of propagating than eradicating tuberculosis for these reasons. It gathers disease from all round, leaving the hot bed producing the disease practically intact. It returns patients more or less relieved to their homes, who in time may yet propagate the disease. In fact the sanatorium would become a social acquisition as any other hospital. My idea is to so arrange things that at some future time it would be extinguished for want of patients.

To illustrate, were there a lot of small fires in a forest, to extinguish them common sense would dictate, extinguish each one separately and render its spread impossible. The sanatorium idea is "gather all the small fires into one where it can be systematically handled," but proper consideration cannot be given to the surroundings of the numerous small local fires and the possibility removed as to their again giving trouble.



The sanatorium is a necessity as an hospital, but it is not the means to eradicate tuberculosis.

Third—Not until every domicile is run on sanitary lines (especially one that has harbored the disease, and how few have not done so), in fact a sanatorium—and it should be so even if there were no tuberculosis—can we expect to succeed. This no doubt is a herculean task, but it is imposed on us, and there is no way to avoid it. Hence all our efforts should be dominated by this idea, and in time we must succeed. But we must begin, and that on well considered lines. In crowded communities there is a problem to tax the skill of doctor, financier and business man, and it is going to be costly. The advanced idea of the “city beautiful,” and spreading the city domiciles over a wider land area are moves in the right direction.

Fourth—The people must be taught individually, taught how to live sanitarily. This could be begun in the schools, but it must be run on different lines from that which now obtains in the so-called hygiene teaching. This teaching must be done in the domiciles and be practical. The teacher must be able to point out defects and at the same time be able to correct them, at the expense of the owner, or of the public if he be unable to pay. An unhealthy house is a menace to its vicinity. This must be kept up regularly and systematically until the end is attained, but every year the need will be less. All this means expense, but it is a hobgoblin compared with the saving of time and money that will result from the improved conditions. I fear we must first inoculate our politicians to pave the way for success.

Fifth—While eradicating tuberculosis it will include the whole host of infectious diseases. We cannot trust to antiseptics or a graduated immunity—it must be aseptics. I at one time thought I had some definitely accurate ideas as to the different phases of this malady, but now I fear my thumb nail would be large enough for their inscription—which could be expressed by the three letters nil. To illustrate, I think most tuberculosis experts would coincide in opinion, that one who had spent his life in the open air (in tent) on the prairie, at agricultural work, young, healthy, strong, who had been never a day sick in his life and was the picture of health, who knowingly had never been in contact with sick people or in much contact with anyone during three years, engaged in breaking up a prairie farm, would be free from risk of tuberculosis.

My son, aged 27, single, 5 feet 11 inches tall, weight about 170 lbs., filled all the above indications. The third year he got his house up and secured his deed on his way home for a visit. He appeared as usual on his return, but had a slight cough in the morning the last two days of his travel. He had not been in the company of sick people. As this cough continued I sent a sample of his sputum to the Public Health Laboratory and the report was “Tuberculosis.” He still felt strong and well, but his admission to Kentville sanatorium was arranged for on first vacancy. He came home in November and got into the sanatorium about



the new year. In the meantime he was placed under strict anti-tubercular treatment. After about two months in Kentville, I had word to take him home to die. He got home from the West in November and died the following March, never once for one day showing improvement. He only lost weight towards the end; his appetite kept up, he slept well and had but little pain. He gradually sank. In all my experience I never met a case of tuberculosis that did not rally for periods more or less until this case of my son. No doctor that saw him could fathom the case. It was not miliary tuberculosis, as it measures life by days, not months.

After careful consideration I would hazard the following diagnosis: at some place, time unknown, he had become infected; the tubercle bacillus set to work slowly and steadily, but the young man's health and strength was such that it prevented any symptoms to cause alarm. This process continued until both lungs became infiltrated. Then, from some cause unknown, softening began at the lower left base, gradually spreading upward until the whole left lung was involved, then crossed over to right apex and progressed downwards until the whole right lung also was involved and the scene closed. Much as if you had two piles of shavings near each other and joined at a corner; a fire started at a distant part of the one pile could pass unchecked over both.

Gentlemen, I have taken up sufficient time to explain my ignorance and I have indicated the lines that experience has taught me are most likely to be successful in combatting the bane of sublunary life, not only of mankind, but of most of the vertebrate creation.

My life is one of many demonstrations of how small a human unit is, though fairly started, with average ability and a fair share of enthusiasm. And though like others born tired, I never had a fair chance to use this acquisition. And now in sight of the eightieth milestone he must honestly write down his accumulated and positive knowledge by a fraction too small to be easily recognized, yet the revered Longfellow in his "Psalm of Life" sums up the situation. I will only quote the idea in one of the stanzas, but not using his language (trying to gild burnished gold), because it looks to me so like a defect. But even, it is said, the Great Jupiter may nod. You can read the whole poem with pleasure and compare it with my version of the stanza to which I have above referred. We may—

"Leave behind us  
Footprints in the sands of time;  
"Footprints that perhaps another,  
Marching with life's varied train,  
Some forlorn and wearied brother  
Seeing, may take heart again."  
Gentlemen, farewell!

—"The Public Health Journal."

## First Principles of Nursing

(By "A Private Nurse")

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The dictionary tells us that a nurse is one who cares for the sick and the young. An honorable calling truly, for where will you find one which appeals more strongly to the best in us than the care of those unable to care for themselves?

We often hear that nurses are "born, not made," but to be successful nurses must have thorough practical and theoretical training. They must have a taste for that particular work, or they will not succeed, for unless the heart as well as the head is in the work, the outlook is poor. The nurse stands between the patient and the outside world, and must try to keep its worries away. No easy task where the patient is the breadwinner who knows that his illness in so many cases means the cutting off of the income, while the expenses are increasing alarmingly. Or in the case of the mother and housewife who cannot fail to be anxious and worried.

The nurse of necessity must be able to carry responsibility, for she will have plenty. She is responsible first of all to the doctor in charge. Her conduct towards him must be that of a soldier to a superior officer. There must be implicit obedience in the carrying out of his orders, and the greatest loyalty towards him. Unless this is possible she must give up the case. She will often be in the extremely difficult position of finding herself expected to express an opinion to the patient's friends as to whether she considers the treatment the doctor is ordering the best for the patient. Quite apart from the fact that she is there to carry out the doctor's orders and treatment, if she should so far forget herself and her position as to criticize the treatment, her patient would suffer as his confidence in the doctor would be shaken and probably his recovery retarded. She may have seen similar cases treated differently by other doctors, but she must always remember that there may be some reason she knows nothing of that call for other treatment. Certain complications may be feared, or personal peculiarities which affect the case. One great responsibility on the nurse's part is the careful observing and recording of anything connected with the patient. Nothing is so small but what it may be of importance. The doctor has to depend upon the nurse for much of this as the time he spends in the sick room must be short. It is not sufficient for her to say "He slept and ate well," but that "he slept from 2 to 4 o'clock, took two ounces of milk at one o'clock and six ounces at six o'clock." Was restless or quiet, perspired or not, the hours when there were movements from the bladder and bowels. The nurse's record and the patient's will seldom agree. When the doctor makes his visit he hears, "I did not close my eyes all night," but a glance at the chart tells him differently, and he knows which to place confidence in. The conduct between doctor and nurse while on duty must be strictly



professional. In private life they may be friends or relatives, but in the hospital ward, or the private sick room, they are doctor and nurse. The nurse has a duty and a responsibility to her patient. She is there to care for them, protect them in every way, and to endeavor to aid in restoring them to health and strength as soon as possible. She must win their esteem and respect by her own conduct. She must be firm as well as kind and gentle, for the sick man or woman is more or less like a child, and for the time being incapable of using their own judgment. A good nurse is cheerful without frivolity, tactful, and firm without giving the impression of being dictatorial. The least of her troubles will not be the patient's family and friends. They will resent her seeming usurpation of their place and rights. They cannot understand why they are not allowed to have free entry at all times to the patient's room, that they may cheer him with talk of the things you are trying to keep from his mind.

A nurse who can win over the family and make them her friends has accomplished much. The nurse owes a duty to herself, and this is not in the spirit of selfishness. How can she give her best to her patient unless she herself is in good health. She must take her proper rest, food and exercise. Only amid fresh surroundings can she for the time forget her work and give herself something fresh to think about. This change is often a two-fold blessing; she herself is rested and refreshed and this must react upon the patient. Then if her patient is in the convalescent stage she will have something bright and cheerful to talk about and so help in his recovery. One of the most important things a nurse has to deal with in the care of the sick is the hygiene of the patient and the sick room. We are told that "eternal vigilance is the price of safety," and nowhere is this more true than in the care of the sick. We hear and read a great deal of how to treat different diseases and how to help people get better, but even now and most certainly in the near future we shall hear of and study the gospel of prevention, or prophylactic treatment. The nurse and the doctor of the future will strive largely to prevent instead of curing it. If thorough cleanliness of our bodies is necessary in health, how much more so in sickness, when poisons are at work and certain organs are not working properly to throw them off. Every part of the body must receive constant care to keep the pores open, to do away with unpleasant odors, as well as for general refreshment. There will often be opposition from the patient who does not want "to be bothered," but here tact will find a way. We often hear nurses accused of being extravagant with laundry and sometimes there is ground for the complaint, but how can a sick person be kept fresh and clean without clean clothes? The quality of the linen is of infinitely less importance than the quantity. Six plain unbleached cotton sheets are of much more value than two hem-stitched, beautifully embroidered ones. Where many changes are necessary as in the case of a paralytic or unconscious patient there is nothing better than some plain flannelette sheets, which can be quickly and easily washed, need no ironing, and do not strike such a chill to the body as linen or cotton ones do. Care must be taken not to put them too close



to the fire, as they are very inflammable. In nothing is prophylaxis more important than in bedsores. Just as the burning of an unconscious patient by a hot water bottle, so is a bed sore a humiliation to a good nurse. The parts usually affected are those which touch the mattress, the elbows, heels, shoulders, buttocks, etc. There is moisture and sometimes rough, such as breadcrumbs, or even the wrinkling of the sheet or night dress will start an irritation. These parts of the body must be guarded and watched closely. They must be bathed, thoroughly dried, and powdered or rubbed lightly with alcohol. Crumbs must be whisked out of the bed at once, and if anything of the sort is complained of, investigate, and you will be sure to find something which is causing the patient annoyance. The first symptom of a bedsore is a pricking sensation similar to the feeling before a "cold sore" comes. The doctor's attention must be called to it at once, and his treatment carried out. Where a part is sensitive, relief can be obtained by the use of a rubber ring, or one can be easily and cheaply made with cotton batting and a bandage. The proper ventilation of the sick room is most important, and sometimes most difficult to carry out. Your suggestion of fresh air is met with, "Why, the thermometer is only 60!" A cold room is not always a well ventilated one, often quite the contrary. Where there are ideal surroundings and two or more rooms possible, the sick room can be aired with fresh air warmed before it enters the sick room. This is however the exception, and not the rule. A draught is most undesirable and harmful, but when a patient is in bed, screens can be so arranged or the bed moved so as to allow a free passage of air without exposing the patient to cold. More people take cold from bad air than they do from cold air. Air your room from the outside air and not from the exhausted air of another room.

Florence Nightingale said that windows were made to open, doors to shut. Another very important thing for a nurse to remember is, that while she has two eyes to see with, two ears to hear with, she has only one mouth and "a still tongue maketh a wise head." Everything she sees or hears in the home of the sick must be sacred. At no time will you come so closely into the inner life of the family, and so many things will be said and done which if spoken of to outsiders causes trouble. This is sometimes done not wilfully, but what is often worse—thoughtlessly.

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#### FLORENCE NIGHTINGALE'S ADVICE

In a racy speech of reminiscences of hospital life, Lord Knutsford, who was recently elected to the chairmanship of the Poplar Hospital for the twenty-fifth time, told how he once asked Florence Nightingale to tell her experiences.

"No, I won't do that," she replied, "and I want you to remember this, and remember that an old woman told it to you: 'Never dwell on the miseries of the past. Think only of the happiness of the present and the possibilities of the future.'"

## \*Individual Responsibility in Promulgation of State Registration

(By Anna L. Tittman, R. N.)

*Secretary Illinois State Board of Nurse Examiners*

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All honor and credit is due the Illinois State Association of Graduate Nurses for having fostered the Nurse Registration. The splendid organization has cared for this child—petted it, fed it, warmed it, stimulated it and snatched it from a premature death in the Forty-eighth General Assembly. This child has now grown to be an eight-year-old, robust, healthy, thriving, and we look upon it with a certain degree of pride. But maturity is yet to be reached and it still needs and still receives careful attention. It shall not be kidnapped nor adopted into another family not its own.

The Illinois law governing the registration of nurses is a splendid law—second only to one of the forty-two States, having registration laws. It was difficult to obtain, difficult to retain and deserves our greatest praise. It is the working basis of our best efforts; it is the hub around which the wheel of our progress revolves. Loyalty to it and knowledge of its provisions are consequently mandatory. Promulgation of it is our individual responsibility.

A general impression seems to prevail that this law is the sole property of the profession, or of the State Association of Graduate Nurses, or of the Board of Five Women appointed by the Governor, with the advice of the Senate, to administer its provisions. Not so. It is the law of these because it regulates the practice of nursing, but it also is the law of the whole people of Illinois. Its opening lines are: "Be it enacted by the people of Illinois": Its ultimate—ultimate purpose is to protect the people from inefficient nursing service. But, do the people know this is their law? A few perhaps, but they are comparatively few! Why do they not know it is their law?—Only one answer!—Its promulgation has been left entirely to organizations and a few scattered leaders, who have made a very good impression on the profession. But what of the public? How may the knowledge of the purpose of this law be disseminated and the gospel spread to the furthestmost corner of the State?—One answer again—*By individual effort!*

Think of the opportunity of individuals!—The private duty nurse in conversation with her convalescent patient or with the head of the house—The institutional nurse with the medical profession, members of staffs, hospital boards, Training School Committees, Ladies' Auxiliaries, etc.!—The Public Health Nurse and her subtle influence on Public Officials, Social Service Workers, Mothers' Clubs, Improvement Leagues

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\* Portion of a paper read at the Twelfth Annual Meeting of the Illinois State Association of Graduate Nurses, November 9, 1915, Bloomington, Illinois.



and Educational factors of every description! I believe quiet, conservative publicity is worth while and I believe individuals can solve the situation of handing back to the people—their law. By this plan it will be possible to reach the thinking people, the neutral, the intelligent, the ignorant, the educated, the untutored, the prominent official and the inconspicuous private citizen.

But what can be accomplished by this plan? Six things in particular and many more not in particular.

First—Public knowledge of the law will cause the people to refuse to be imposed upon by the untrained or poorly trained, and cause them to seek the services of the nurse whose training and ability have the approval of the state.

Second—Public knowledge of the law will prevent young women from entering schools for nurses not equipped for giving proper training—the short termed school, the correspondence school or the long termed non-accredited school, graduation from which does not give standing or eligibility to State Registration. If you have ever talked with one who has awakened to the fact that she has been imposed upon by such a training, this point alone would spur you on to enlighten all young women that they may be saved the dreadful disappointment and embarrassment.

Third—Public knowledge of the law will cause recognized Training Schools for Nurses to provide training, which not only meets the minimum requirements of the Board of Censorship, but which can be accredited by Universities toward honorary degrees. It will cause better housing of nurses, and especial effort toward development of the cultural side as well as the scientific side of the pupil.

Fourth—Public knowledge of the law will cause educated women to see in the profession of nursing a well regulated field of usefulness, resulting in more and better qualified material entering our schools for nurses.

Fifth—Public knowledge of the law will cause R. N.'s to take a daily invoice of themselves to see if they are fulfilling the obligations of one worthy the title of R. N. It will not always be sufficient to flaunt an R. N. certificate in the faces of patrons or wear an R. N. pin upon the uniform. R. N. ability will be required and R. N.'s will need to continue in pursuit of knowledge to keep abreast of the times. They will then read their journals, attend their District and Alumnae Meetings and be *qui vive* to make themselves equivalent of newer, better trained material constantly pouring out of the Training Schools into the field.

Sixth—Public knowledge of the law will result in public support and if legislative troubles arise, it will be the cry of the people for protection and not the cry of the profession to protect the people.

Call this plan by the name of the latest comedy, "It Pays to Advertise," or call it a "Preparation in time of peace policy" if you like, but give it credit for not including one word or thought in favor of antagon-



ism, toward those who have not been impressed by the real purposes of State Registration. Antagonism never induces permanent success. "Evolution," not "Revolution," is a "bromidian term," but it describes our position. The slow, steady flowing of a little brook—the kind the poet sings about—"Men may come and men may go, but I go on forever"—the gentle flowing of the little stream, with a purpose, will wear away the strongest rock of opposition. Nine-tenths of the opposition to anything is lack of knowledge of that thing.

Do not misunderstand me to mean that I favor brass-banding our cause through the streets or placarding it on high buildings. Better too little said than too much. First know your law and then proceed with individual mouth to ear, heart to heart, mind to mind promulgation of State Registration.

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## Convoy Night

(By a Ward Sister)

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"Will you get up, Sister? It's half-past two, and there's a convoy expected in half an hour."

Sister swathes her head in the bedclothes and tries to believe that it is only a horrid dream, but the switching on of the electric light in her room and the sound of loud knocks on the doors further down the corridors tell her that it is only too true; and a bad cold in the head notwithstanding, there is nothing for it but to rise and obey the summons. It must be a thankless job to be a knocker-up; surely no class of society is more unpopular.

A few minutes later she stumbles down the staircase, faintly lighted for fear of Zeppelins, and passes through the door into the hospital grounds. How different they look at such a time, when one turns out just awakened from heavy sleep! Familiar buildings one hardly notices during the day, loom up in the darkness, wrapped in silence and shadows. Hardly a light shows, a fine rain is falling, and the air is cold and pure. There is a faint perfume of wholesome earth, and autumn flowers. Here and there she sees the dim forms of Sisters crossing the grounds from their quarters, their white aprons and caps just glimmering in the distance.

The hospital is very quiet; nearly every patient is sleeping. By this time most of the restless and pain-racked have succeeded in snatching a few moments of peace. One shaded light hangs in each ward, and silence reigns, except for an occasional groan or stifled shout from some man who again in his dreams is at close quarters with the Hun. These nerve-strained men half tell many a strange and frightful story in their sleep, which they would shrink from putting into words if they were awake.

How cold it seems to the newly-roused nurses, as they crowd around the hot-water boiler in the corner of the ward corridor, their only fireplace, and drink hot tea the night staff have got ready for them.

Two of them sit on the floor on cushions, huddled as close as possible, and a third leans with her arms over the boiler top, shivering with cold. They talk and laugh in suppressed tones; any silly little joke is good enough to keep up their spirits, and prove to each other that they don't in the least mind getting up to do their bit for King and Country, and are not tired and chilly.

Twenty-four hours earlier the hospital ship left the shore "somewhere in France." Some 200 weary men are still on their way, wearier than when they started, their wounds more painful, their nerves still more upset by the movement of wave-beat ship and hospital train. No doubt by now their journey is nearly at an end and they are speeding through the deserted streets as quickly as motors can bring them.

Only the guests are wanting. Their beds are warmed, hot drinks and food await them, quiet, comfort and security and a warm welcome home. The free English air must be sweet to them. I have seen tears in many a man's eyes when he is lying in his first English bed, warmed and fed and clean and comfortable, with the inevitable "Woodbine" in his hand. One lad sobbed out, "I know you ain't real, Sister; you're not really there. I'm going to wake up in a minute and find myself back in that filthy trench again!" I should like to have brought his mother to put her arms round him and make him realize that he was safe home once more. These hard fighting men are only children at heart.

There is a warning hoot from a motor, and as we look out of the windows we see the headlights of a line of cars and ambulances coming up to the hospital grounds. There is another wait of a few minutes, and then a little crowd of "walkers" make their appearance, escorted by an orderly or two. Such poor things, dingy and mud-coloured from head to foot, their boots heavy with the soil of Flanders and France, and often stained with something else much more precious.

"Jocks" trying to give their kilts the usual jaunty swing, but too inexpressibly weary to keep it up; all footsore, dirty, battered, worn out heroes, who have given all they had to give, to save those who have stayed at home. After these come the men who are too helpless to help themselves, carried on stretchers and carefully lifted on to their beds, beds which perhaps they fill for a few hours only. If their time is come, surely it is worth the pain and the stress of the journey to be brought back and laid to rest in the soil of that dear old England for which they have died.

And the rest? How soundly they sleep that first night. A hot drink, soap and water, clean sheets, a cigarette, those best of sedatives. They are dozing off with a jest on their lips, almost as soon as their heads touch the pillow.

The night is nearly gone and already dawn is stealing across the sky. The Sisters, now thoroughly wide awake and energetic, return to their

rooms to try and steal another hour's rest before they are again summoned to their daily work—

"The trivial round, the common task,  
Will furnish all we need to ask,  
Room to deny ourselves, a road  
To lead us daily nearer God."

—British Journal of Nursing.

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## The Feeble Minded

(By Bertha Winn, Director Child Study Laboratory, Victoria, B. C.)

(Continued from December issue)

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I have previously stated that it is the group on the border-line between the feeble-minded and the normal upon which the attention of the sociological and psychological expert is focussed to-day, and for the reason given before that to the superficial observer most of these cases pass for normal. This being the case, every possible explanation is made for their social and moral shortcoming—but the right one. If only preventative measures could be applied in the early stages of development, think what might be saved to the community in terms of money, life and morality! The presence of these people at large in our community, spreading immorality, disease and crime, I believe to be the greatest menace to our social structure to-day. They are the precursors of race degeneracy and social decay. The consequences of their low standards of existence are such as to render inevitable the most direful results upon all human life. Labour as we may, we can never bring them to the mental level where they can cope successfully with even the simplest of the problems of life. Feeble-mindedness is no respecter of blood or caste or race. It finds its way into every status of society, into the blood of every race. Rich and poor, high and low, may fall a prey to its depredations and its hereditary strength is augmented by myriads of unpropitious factors in environment. Alcoholism, poverty, squalor, indecency, immorality, incompetency, lunacy are its offspring. Constant begetting, constant cursing is the programme of action; and a dreaming world looks on and knows not where to begin to arrest it in its progress. "But," you say, "these are only generalities. Where are all these people? Have we them in our midst?" My answer is, "Come with me to the wretched hovels found on the outskirts of our small towns; to the slum districts of our large cities; to the police stations, jails, prisons, reform schools, houses of refuge, orphan asylums—in short, all institutions for the custodianship of public wards; or accompany the city nurse, the city doctor, the commissioners for the Children's Aid and Friendly Help on their round of visits; and you will have abundant demonstration of the fact that



most of our social and moral disorder springs from the presence of a class in our midst whose individual members are anti-social in their tendencies and total misfits in an organized society."

In the matter of juvenile delinquency alone, parental neglect, adverse home conditions and feeble-mindedness are held to be the three leading causes. Social welfare workers, health inspectors, doctors, ministers, lawyers, teachers and laymen devoting themselves to charitable work, will tell you that the condition of defectiveness is the unsurmountable obstacle in the path of human progress and that unless something is done to stop the ever-increasing propagation of these degenerates, the very health and sanity of our race is threatened.

Where and by what means shall we begin the work of reconstruction? First of all a plan of co-operation must be agreed upon by members of all those professions and callings which have for their object the alleviation of human woes and human wrongs; the moral and spiritual uplift of character. Second, let a careful investigation be made of every case of social "unfitness." Study the social composition of every public institution that assumes the care of dependents and delinquents. Study the individual cases with reference to correcting every injurious factor that may have entered into their present condition. Obtain the most accurate history possible of each case. Ascertain what causes are removable, what defects are curable, what symptoms are remediable. By a natural process of elimination our subjects will fall into two main classes: the potentially fit and the potentially unfit; the mentally sound who have accidentally fallen into misfortune and the mentally unsound who have drifted into it because they had not the capacity to do anything else.

But the work of reclamation must begin before our unhappy victims have been set adrift in life's seething, whirling conflict, where the wisest and the strongest often fail. They must be rescued while still children, if we are to divert their feeble energy into channels of usefulness and save them from the tragic fates which must inevitably overtake them as a result of their weaknesses. And now that education is pretty generally compulsory, it follows that the school is the best place in which to discover them and to classify them.

Enough has been said of the social and moral status of this class to enable you to draw the line between normality and sub-normality. Mentally, the difference is one of potentiality; socially, the distinction is made on the basis of the ability to lead an existence independent of the support or protection of others; to manage one's affairs with prudence and foresight; to lead a decent and orderly existence; to perform acts that are expressions of common sense and a sane control of the emotions and the will.

My readers will forgive me if I seem to have said nothing new in these pages. I have only enlarged upon the facts previously stated for the sake of emphasis. If I am guilty of repetition it is that I wish to put

the problem definitely before your mind that you may be stirred into action concerning an evil that lies at our very door and is a constant threat to our peace and safety.

In my next paper I shall deal with the causes underlying feeble-mindedness and will point out the relation it bears to inebriacy, poverty, vagrancy, lunacy, prostitution and other forms of crime and indecency.

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## The Regimental Doctor

(By Touchstone)

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Where swathes are mowed by lead and steel,  
The Regimental Doctor goes.  
His task amid the wreck to heal  
The wounds alike of friends and foes.  
The air is rent with sounds of strife,  
But all unmoved he meets the storm,  
Striving to keep the breath of life  
Within some maimed and shattered form.  
  
His deft hands strip and staunch and bind,  
Speedy but unperturbed and sure;  
He faces with a quiet mind  
All that a soldier may endure.  
And while the shrapnel wails and sings  
Above the reeking, stricken plain,  
His little stabbing needle brings  
A merciful relief from pain.  
  
Not his to give back blow for blow,  
When passion surges to its height,  
To hurl the foeman back, to know  
The exultation of the fight.  
Not his to win a victor's fame,  
Only to toil while he has breath,  
Healing the men that war may maim—  
A hero, faithful unto death!

—Daily Mail, Overseas Edition.

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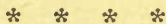
## THE CURE ALL

The cure for all ills and wrongs, the cares, the sorrows, the cries of humanity, all lie in that one word, "love." It is the divine vitality that everywhere produces and restores life. To each and every one of us it gives power of working miracles if we will so to do.—*From All That's Lovely.*

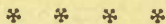
## Editorial



The dates for the two Conventions have been at last arranged. The Canadian Society of Training School Superintendents will meet in Montreal June 12th and 13th, and the Canadian National Association on June 14th and 15th. Most important business has to be transacted; the Constitution and by-laws of each Association are up for changes to suit present needs, and other important matters are to be brought up. It is to be hoped that a really representative meeting will be held, delegates coming from each affiliated society as well as all nurses interested in the nursing progress of Canada. We can never make our National Association truly national and a force in the Canadian nursing world till we each feel it our own particular duty to attend these meetings and hear and be heard on questions vitally important to us all as nurses. If we had been a real power in Canada, would the selection of army nurses to go overseas have been left to anyone but the National Association of those who naturally want only the best fitted in every sense of the word to care for our men—our own relatives and friends who gave themselves so willingly, and who have the right to expect only the best of nursing? Instead of this, in too many cases, what was it but "pull" that got some nurses overseas—women who were not physically fit, others who were not qualified? This is only one of the reasons or proofs why we must march shoulder to shoulder in nursing matters involving principles, and isolated units cannot know nor get the relative values of things shared by us all unless they meet at these Conventions. So plan to come, even at inconvenience and cost, feeling that you are really helping all branches of nursing to become standardized, and the Association as well as each nurse a real power in the country.



We are pleased to hear that Saskatchewan is busy with her Registration Bill, with hopes of passing it at this session. Any news of their success will be welcome to the rest of the country, still patiently pegging away to the same end.



After many years of very different views on Registration, and other nursing matters, the different nursing parties in England have compromised over the College of Nursing. Each has had to give up points considered most important, and the compromise is considered very far from a perfect ending by those most interested in the higher standards and standing of nurses. However, it affords a common ground and perhaps more can be done there than on the widely opposite points held by each before.



At the present writing, the United States seem very close to war. How thankful their nurses must be to feel that, profiting by sad experiences, they in times of peace have prepared for war. Their Red Cross Nurses are all graduate nurses from recognized training schools, and have to be vouched for most carefully. To say that a nurse is an American Red Cross Nurse means a nurse of definite standing. No semi-trained or untrained woman can "get in" and take the place that is not her's. Perhaps we, too, may learn our lessons well brought out by the saddest school of experience we could have had. So many of our nurses have done such fine work as war nurses, that we feel most keenly that sufficient care has not been always taken to keep the field for them only. Are we not a little to blame in not keeping the point before the Associations that a combined protest and working scheme may clear it up?

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### High Cost of Impure Water

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A recent report by George A. Johnson, water supply expert, exposes some very interesting facts respecting water filtration. The great benefits and, in many cases, the urgent necessity of filtering the water supplied to communities is clearly recognized, but its vital importance can only be realized by a thorough investigation, supported by the convincing data contained in this paper.

The figures given are for the United States, but, with due regard to proportion, apply with equal force to Canada.

Mr. Johnson states that if the urban population of the United States were supplied with filtered or equally pure water, 3,000 lives would be saved annually, and 45,000 cases of typhoid fever prevented, representing in vital capital some \$22,500,000 annually, or the interest on an investment of \$375,000,000. In the United States an urban population of 30,000,000 persons is still supplied with unfiltered water; the cost of supplying filtered water to these, including fixed charges and operation of plants, would not be more than \$12,000,000 per year, or about one-half the present annual loss in vital capital due to non-filtration.

Twenty million people are now being supplied with filtered water at a cost not exceeding \$8,000,000 or 40 cents per capita per year, and the results of water purification always show a big balance on the right side of the ledger.

In the United States, 300,000 persons suffer annually from typhoid fever and 20,000 die of it. Valuing the human lives lost at \$3,600 each, and allowing for lost wages and medical attention \$200 for each case of the disease, the annual toll from typhoid alone amounts to \$130,000,000.—Conservation.



In the Annual Report of the American Association for Study and Prevention of Infant Mortality for 1915, the President, Homer Folks, LL.D., of New York, in his opening address, "Are Babies Worth Saving?" says some very splendid and illuminating things.

He divides his subject into three parts: (1) What are the underlying purposes of infant welfare work? (2) How large an opportunity have we before us? (3) What are the agencies on which we must chiefly rely?

(1) The outstanding fact as to the underlying purpose of the infant mortality movement is that the work is *preventive* rather than *remedial*. The infant welfare movement has changed from dealing with the few for curative purposes to deal with the multitudes for preventive purposes.

It is a common-place that *birth registration* is a first essential to the infant welfare movement. We have to know where all the babies are before the plans can be carried out; another common-place is that the work of the Association is 80 or 90 per cent. *educational*.

Infant welfare work cannot be regarded as simply preserving the unfit, but as raising the level at which the struggle for existence occurs. It is on exactly the same footing as every other advance in preventive medicine.

(2) Nothing stands out more clearly in the history of the last decade or two than that a very large amount of infantile illness and mortality is preventable, and that it can be prevented very speedily at moderate cost, and with relatively little effort. The substantial reduction of infant mortality is simplicity itself. In fact, the fall in the infant death rate which follows upon any reasonably efficient infant welfare work is so rapid as to be almost startling. We can visualize to some extent the lives saved in some localities. We cannot visualize so readily the enormously greater volume of healthy childhood leading to vigorous and efficient manhood of which the reduction in mortality is but the index.

(3) Public health generally is a public function, and infant welfare is an integral, almost inseparable part of the public health problem.

There should be a state-wide activity. The state health authorities are clearly indicated as the agency for promoting local infant welfare work. But it is very important that there should be parallel with the state official, child hygiene division a state-wide voluntary organization, either devoted directly to infant welfare or including the general subject of public health in the range of its interests.

Dr. Homer Folks ends his address with the hope that we may secure a nation-wide recognition of the fact that infant welfare is a vital factor in national welfare.

We must not forget that no other form of preparedness is more vital than the conservation of human lives on whom, in the last analysis, must depend the safety of the nation from foes within as well as from foes without.

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

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#### A PRAYER FOR PEACE

"O God, King of Kings, and Lord of all Powers, we implore Thee to look compassionately upon the nations of this world. Save our own people from war and free us from the sins and follies that lead to it. Deliver those who are at strife from their awful agonies and desolations, and move both them and us to such love and zeal for universal justice and equity, righteousness, holiness, and brotherly kindness that they and we may speedily find and establish the ways and means of permanent internal and international peace, and the Kingdom of Christ fill the earth.—Amen.

GEORGE W. CABLE.

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Dr. de Sandfort (of Paris) has now treated some 700 cases of burns received at the Front from shells, liquid gases, &c., by parafinotherapy and ambrine. Ambrine is rapidly winning recognition, and many French doctors are anxious to open additional hospitals in the fighting zone. Dr. de Sandfort states that in view of the cold weather, the treatment is even more important for frostbite than burns.





### **The Canadian Nurses' Association and Register for Graduate Nurses, Montreal**

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.

Second Vice-President—Miss Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Club Room, 638a Dorchester Street West.

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The monthly meeting of the Canadian Nurses' Association was held in the Club House on Tuesday evening, January 9th, when the members hoped to hear a great deal about the work in France from Mrs. Henderson, who recently returned, but her husband, Dr. John A. Henderson, Prof. of Anatomy at McGill University, died very suddenly of pneumonia, and our heartfelt sympathy goes out to her in her bereavement.

We regret to hear that Nurse Helen Mathias has been very ill, and will not be able to take up her work again for some time.

The Edith Cavell Chapter of the I. O. D. E. was entertained by the Municipal Chapter and refreshed with tea while doing Red Cross work in the Southam Building on Tuesday afternoon.

Dr. Maude Abbott, of McGill University, has had a delightful sketch of the life of Florence Nightingale published with 15 portraits of the Queen of Nurses. The book is entitled, "Florence Nightingale, as Seen in her Portraits," and copies may be had at the Club House, 638-a Dorchester Street west, Montreal, Que. Cloth, \$1.25; paper, 75 cents. Profits to be given to the Canadian Red Cross.

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After two weeks' illness from pneumonia, Miss Ethel May Higgins, eldest daughter of Mr. and Mrs. Frederick C. Higgins, of 70 Waverly Road, died recently. She was born in Toronto twenty-two years ago, and attended Moulton College. In November last she graduated from Grace Hospital, capturing the Vander-Smissen Medal, the Anaesthetic Prize, and taking highest marks in social service. She is survived by her parents, one brother and four sisters, all of Toronto.

## The Nurse's Library



Public Health Nursing—By Mary Sewall Gardner, R. N., Superintendent of the Providence District Nursing Association. President of the National Organization for Public Health Nursing. With an introduction by M. Adelaide Nutting, Professor of Nursing and Health, and Director of Department Teachers' College, Columbia University, New York. The Macmillan Company, New York, Publishers, 1916. All rights reserved. Price, \$1.75. Canadian Agents, Macmillan Co., Toronto. It is difficult to find any nurse who would not be interested in Miss Gardner's book; but it appeals especially to those who are planning to do that kind of work, or are already doing this branch of nursing. It is to be hoped that before any organization starts any new work that they will study the chapters on organizing before doing it. Miss Gardner shows such an understanding of every difficulty, and each solution, that her book will be invaluable.

The Prevention of Disease—by Kenelm Winslow, B. A. S., M. D., formerly Assistant Professor of Comparative Therapeutics at Harvard Medical School, 12mo of 348 pages. Philadelphia and London. W. B. Saunders Company, 1916. Cloth, \$1.75 net. Canadian Agents, The J. F. Hartz Co. Limited, 24-26 Hayter Street, Toronto, Ont. The Prevention of Disease, a plainly written, interesting book much needed in these days of fads and a smattering of knowledge held by the average person on medical matters, or those pertaining to health. As Dr. Mayo says in his introduction, "For too long a period medicine has been looked upon as more or less associated with mystery, and for this reason all sorts of mysteries have crept into it through many cults and isms and many practices and pathies. Such training as it has been possible for the public to receive has often been obtained from the direct advertising or faked medical news items in the papers and magazines of the day." This book should be in the library of each family for ready reference.

Relative Values in Public Health Work—By Frantz Schneider Jr., New York, Department of Surveys Exhibits, Russell Sage Foundation. This small pamphlet endeavors to help the public health officers to solve their ever present problem of how to spend the relatively small amount of money at their disposal in the most efficient way. As to what can be done with preventable diseases, some of the tests given by the author are the damage done by them, their preventability, cost of prevention, and communicability. This pamphlet gives so much information in a condensed form that it will be of great value to all social workers as well as to those for whom it is first intended—the Public Health Officer.

Bacteriology and Pathology for Nurses—Second edition, thoroughly revised, by Jay G. Roberts, Ph. G., M. D. of Oskaloosa, Iowa. 12mo of 210 pages, illustrated. Philadelphia and London: W. B. Saunders Com-

pany, 1916. Cloth, \$1.25 net. Canadian Agents, The J. F. Hartz Co. Limited, 24-26 Hayter Street, Toronto, Ont. This is the second edition of this most practical book. It is easy to see that the author has taught pupil nurses these subjects, for in very few words, and with a simplicity that makes it easy to comprehend, he makes these subjects interesting to both pupils and the instructor. It makes an admirable text-book for training schools.

Orthopedic Surgery for Nurses—By John McWilliams Berry, M.D., Clinical Professor of Orthopedics and Rontgenology at the Albany Medical College, New York. 12mo. of 97 pages, with 72 illustrations. Philadelphia and London: W. B. Saunders Co., 1916. Cloth, \$1.00 net. Canadian Agents, The J. F. Hartz Co. Ltd., 24-26 Hayter Street, Toronto, Ont. This little book will give to the nurse whose training has not been in children's hospitals, an opportunity to enable her to recognize orthopedic deformities, and learn something of the prognosis and treatment, to make her work more interesting, and the knowledge valuable in her profession. It is fully illustrated. The chapter on Weak Feet should help the nurse with her most frequent trouble—sore feet.

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## Letters to The Editor



### THE MIDWIFE QUESTION

Dear Editor:

So much has been said and written about the "Old Country Midwives" that I feel I should like to shake the hands of Miss Hutley and "S. M." for their letters in defence of these women. When I was in Vancouver I knew of more than one doctor who would not (if they could help it) have a nurse on an obstetrical case unless she were a member of the C. M. B. We could all sit down, if we so wished, and write our experiences that might not reflect credit on those concerned. Among Canadian nurses there is a prejudice born of ignorance, and I think our Canadian nurse can serve a better purpose than attacking a band of women who are doing such splendid work both at home and abroad. I am an English woman, a Toronto graduate, and a lover of fair play.

Yours very sincerely,

Subscriber.

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### THOUGHTS

To realize always clearly that thoughts are forces, that like creates like and like attracts like, and that to determine one's thinking therefore is to determine his life.—*Ralf Waldo Trine.*



## Hospitals and Nurses



### NEWFOUNDLAND

Miss Reid has been appointed Matron of the Military Hospital in St. Johns, opened a few weeks ago. Miss Reid is a graduate of the General Hospital, St. Johns, and held the position of Sister at the Military Hospital, Donovan.



### NOVA SCOTIA

Mrs. Bowman, Superintendent of V. G. H., Halifax, is in Toronto, on account of the illness of her father.

The last monthly meeting of the N. S. G. N. A. was largely attended. Dr. Blacader addressed the nurses and gave a splendid summary of the war. A pleasant gossip over a cup of tea followed.

The Nurses' Association has affiliated with the Woman's Council, and the monthly meeting is held at the Council House.

A chapter of the St. John Ambulance Brigade is about to be formed in Halifax from members of the St. John Ambulance Association. Several members of the N. S. G. N. A. had large classes during the winter.

The Secretary, Mrs. Bligh, has been obliged through illness to take a short rest.



### NEW BRUNSWICK

Miss Mildred Akerly, G. P. H., St. John, N. B., 1913, who has been in Harrington Harbor Hospital, Labrador, for the past fifteen months, has returned to St. John.

Four of the St. John graduates have gone overseas since January; Miss Bessie Graham, Miss Florence Fear, Mrs. Fos and Miss Alice McIntosh.

Miss Edna Duthie expects to leave this month for overseas.

Miss Marvin, night superintendent, is leaving and her place will be taken by Miss Eva Smith, 1915.

Miss Marvin will leave St. John in April for Edmonton, where a happy event will take place on her arrival.

The Nurses Red Cross Club (graduate and pupil nurses) meet every Tuesday evening and sew for our boys at the front. This winter we are making field shirts and socks and we enjoy this evening very much.

## QUEBEC

Mrs. (Dr.) Fred MacKay, formerly Miss Marion Crowell, Class of 1911, is spending a few weeks in Montreal and Ottawa prior to sailing for England. Dr. MacKay went overseas with the C. A. M. C. early in the war.

The engagement has been announced of Miss Geraldine Tessier, class of '15, to Mr. Roy Smith of Moncton, N. B. The marriage is to take place early in the summer.

Miss Mabel Sinclair, class of '14, was married on January 5th, to Mr. Joseph Knox, of Swastica near Cobalt, Ont.

Miss Byfield, class of 1898, spent the Christmas holidays in Montreal and Ottawa. She has returned to Spring Lake, N. J., to resume her nursing duties.

Nursing Sister Mabel Clint, class of '10, who has been on duty in France and Lemnos since early in the war, is now in Montreal with her aunt, and is, we are glad to say, gradually regaining her usual health. It will be remembered that Miss Clint was very ill in Egypt after her arduous work in Lemnos.

Miss Hart, class of '04, R. V. H., was in the city for a few days on her way from Saranac, where she had been visiting the Sanatoriums, as she is taking charge of one in Kentville, Nova Scotia.

The opening of the Ross Memorial Pavilion for private patients, in connection with R. V. H., has made many changes in the Hospital. Miss Felter has charge of the operating department in the new building, Misses Prescott, Griffin, Eakin and Bellhouse in charge of the different floors. Miss Henderson, a graduate of Mount Sinai Hospital, New York, is day superintendent, and Miss Legge is night superintendent. Miss Penny is at the head of the diet kitchen. The Pavilion accomodates one hundred and twenty-five patients.

Nursing Sister Jane Glendinning, class of '14, R. V. H., who has been home on extended sick leave since September, has gone to resume her work overseas, looking quite herself after her much needed rest. She passed through Montreal early in January.

Miss Marion Hague, class of '16, R. V. H., left her home in Kingston, Ont., on January 3rd, 1917, for overseas duty.

Nursing Sister May Cornell, class of '02, R. V. H., who has been home on leave from the Q. A. I. M. N. S., has been transferred to the C. A. M. C., and left for England, via St. John, on January 12th. Miss Cornell spent a night at the R. V. H. and gave a most interesting account of her work and travels.

Miss Gertrude MacKenzie, class of '03, R. V. H., has been appointed matron of the Lochland Hospital, Halifax, N. S.

## ONTARIO

## COLLINGWOOD

Miss Lillian Morgan, class 1914, was married on Tuesday, December the 26th, 1916, to Mr. Arthur Cotterill. They will make their home in Akron, Ohio.

Word has been received that Miss Mary Robinson, who left Collingwood to join the N. A. I. N. S., has landed safely in Malta.

Miss Minnie McDonald, class 1908, has joined the nursing staff at the Base Hospital, Toronto.

Mrs. Arthur Cotterill, nee Miss L. Morgan, spent the New Year with friends in Collingwood.

Miss M. McCulloch, superintendent of the General and Marine Hospital, spent Xmas day at her home in Guthrie.

Miss Ford, head nurse of the G. and M. Hospital, spent the New Year in Barrie.

At the annual meeting of the Guelph General Hospital Alumnae Association, the following officers were elected: Hon-President, Miss Forgie; President, Miss Frew; First Vice-President, Miss Watt; Second Vice-President, Miss Gibson; Secretary, Miss B. Richardson; Treasurer, Miss I. Watrous; Sick Visiting Committee, Miss B. Miller (Convenor), Miss Anderson, Miss Henry; Canadian Nurse Correspondent, Miss Cross.

A pleasing event took place recently at St. Vincent de Paul Hospital, Brockville, when diplomas and pins were presented to the graduating class of 1917, in the presence of the medical staff, visiting clergymen and relatives of the nurses.

Addresses were given by Very Rev. Dean Murray, Dr. A. J. Macaulay, Dr. Malony and Dr. Mitchell. Flowers were presented by Miss Helen Shea to the five nurses, namely: Miss Mary R. Lavallee, Arnprior; Miss Mary P. Hogan, Perth; Miss Ethel Matthewson, Arnprior; Miss Elizabeth O'Sullivan, Belleville; Miss Mary E. Tanguay, Lindsay. A tea and reception followed.

The monthly meeting of Kingston General Hospital Nurses Alumnae was held on Tuesday, Jan. 9, at Nurses' Home. A good number in attendance and a great deal of business transacted. Mrs. S. F. Campbell was appointed vice-president, the former vice-president, Mrs. W. J. Crothers, having resigned.

Miss A. M. Mochar, president of the Kingston branch of the National Council of Women gave a very interesting talk on the work being done by that organization. Miss Bureau then gave a talk on "Equal Franchise" and asked our opinion on the subject.

Four delegates were appointed to attend the meeting to be held in February of National Council of Women, to cast their votes, also two delegates for the latter.



## HAMILTON

Miss Curphey, class 1912, has enlisted with the Queen Alexandra's Imperial Nursing Service for another year.

Misses Boyd and Buckbee expect to leave very soon for England to enlist with the Queen Alexandra's Imperial Nursing Service.

A cablegram has been received from Misses A. C. Doyle and I. A. Morden, announcing their safe arrival in England.

Nursing Sisters Carr and Aitken are at No. 2 Stationary Hospital, Bologne, France.

The following nurses are at present on the staff of the local Military Hospital: Misses Taylor, Monteith, Fitzgerald, Simmons, Burwick and Mrs. Malcolmson.

We regret to hear of the illness of Nursing Sisters Anne Cameron, France; Catherine Irwin, England; and M. H. Taylor, Hamilton Military Hospital.

Miss Carrie Lannaway, (H. C. H.), of Dubugee, Iowa, was a visitor in town during the Christmas holidays.

Miss Margaret Walker, (H. C. H.), School Nurse at Swift Current, Sask., was in Toronto recently and paid a brief visit to Hamilton friends before returning west.

Miss Fenby is doing Victorian Order work in the city.



## MANITOBA

The St. Boniface Nurses Alumnae held their annual meeting at the Hospital, during which the election of officers for the coming year took place.

A very interesting lecture on "Women's Part in the War" was given by Dr. Ellen Douglas, after which a delightful tea was given by the Sisters, at which the graduating class assisted.

Our new Superior at the hospital, Sister St. Jean de l'Eucharisto, has been for the past seven years in charge of the surgical departments at St. Vincent's Hospital, Toledo, Ohio.

Miss Belle Brown is again spending the winter in California.

Our girls overseas were each remembered with a Christmas gift from the Alumnae.

We are pleased to see Miss Chrisholm back on duty after her recent illness.

Interesting letters were received lately from Nursing Sisters Quinn, C. A. M. C., at Moor Barracks; H. Foggarty, Granville Canadian Special Hospital, Ramsgate; and Sister Didion at Salonica, and many others.

Miss Hay returned to the city after spending a pleasant holiday at the coast.

Nursing Sisters Gordon, Paul, O'Rourke and Rogers are in charge of the Military Wards at the Hospital.

Nursing Sister E. Oliver, class 1914, C. A. M. C., left last week for overseas duty.

\* \* \* \*

### BRITISH COLUMBIA

Miss Kathleen Vanettae, 2647 Manitoba Street, a graduate of the Vancouver General Hospital, has accepted the position of public health nurse for the province of Manitoba.

Miss Sarah Gillies, (V.G.H.), has accepted a position in the military hospital in Hongkong, and has left Vancouver to take up her work there.

The following are among the nurses who have recently joined the Q. A. I. M. N. S., Misses E. Grant, M. Bennett, V. Clarke, M. Paget, C. Daniels, Kay, Cameron, Keene, Jones, and Grey.

The Graduate Nurses' Association of New Westminster and pupil nurses of R. C. H., have pledged themselves to give seventy-five dollars to the furnishing of beds for the Military Wing of the R. C. H.

The regular monthly meeting of the Victoria Graduate Nurses Association was held January 9th, at the Nurses Home, Royal Jubilee Hospital. It was decided to give a bursary for the most efficient nurse in her first year at the Jubilee and at St. Joseph's each year of twenty-five dollars. A social evening was spent.

Miss Kathleen Ellis has received the appointment of Matron at the Esquimalt Convalescent Home.

The annual meeting of the Vancouver Graduate Nurses' Association, was held on Wednesday, January 10th, at the Nurses' Club, Vancouver, B. C.

After the roll-call and the minutes of the last meeting were read, a presentation on the behalf of the Association was made to Mrs. Broom, (Miss Barnard, grad. M. H. M. Hospital, New Hampshire), on the occasion of her marriage. A silver bonbon dish with the good wishes of all the members.

The annual reports followed: Registrar's report for the year ending December 31st, 1916, showed number of nurses registered, 124; number of calls, 1340.

Secretary-Treasurer's report showed, number of members December 31st, 1916, 79, of which ten are on active service.

Bank balance \$91.37; principal expenditures, Canadian Patriotic Fund, \$45.00; Sick-Benefit Fund, \$136.75; Wool for socks, \$41.30.

The following officers were elected for 1917: President, Mrs. M. E. Johnson, re-elected; First Vice-President, Miss Bone; Second Vice-Presi-

dent, Miss Jeffers; Sec.Treas., Miss R. Judge, re-elected; Executive Committee, Mrs. Broom, Miss Snyder, Miss Breeze, Miss Callin, Miss Dauphnee.

The following motion from the last meeting was then discussed and voted on: "That the Sick-Benefit suspend the payment of all funds until 1918, the moneys to be allowed to accumulate," and was carried unanimously.

After the meeting adjourned, tea and refreshments were served.

#### V. G. N. A. MILITARY HOSPITAL BED

At our February meeting seventeen members subscribed to the above bed. Much interest was shown amongst the nurses present, and we hope that our sister nurses who were unable to attend our February meeting and who wish to subscribe, will bring or send in their donation on or before March 7th, monies to be addressed to "Mrs. J. D. D. Broom, Convenor Bed Committee, 206 Holly Lodge, Vancouver, B. C."

Miss Bertha Marsden, (Graduate Royal Jubilee Hospital, Victoria, B. C.), has been appointed assistant superintendent of the Esquimalt Military Hospital.

The quarterly meeting of the Graduate Nurses' Association of British Columbia, was held on Saturday, January 27th, 8 p.m., at the Royal Columbian Hospital, New Westminster, B. C.

There was a good attendance, including representatives from Victoria and Vancouver.

In the absence of the president, Miss Randal, 1st. Vice-President, took the chair. After the routine business was completed some very excellent papers were given. Miss Grimmer, school nurse for Victoria, read a paper on "School Nursing" with special reference to the care of the teeth, concluding with some notes on the same subject from a pamphlet by Doctor Young, Minister of Education.

Mrs. Johnson, president of the Vancouver Graduate Nurses' Association, gave an address on "The Nursing Problems of British Columbia. While she did not attempt to solve the problems, Mrs. Johnson was able to suggest some very excellent lines for the nurses to work along that would certainly go a long way towards helping straighten them out.

A paper on "The Evils of Twenty-four Hour Duty" from the Pacific Coast Journal, was read by Miss Randal and some discussion on the subject followed; after which a vote of sympathy to Mrs. Brown for not being able to be present on account of ill health, was proposed by Miss Stark, President of the New Westminster Graduate Nurses' Association, with a vote of thanks to Miss Sinclair, superintendent of the Royal Columbian Hospital, for her hospitality in entertaining the Graduate Nurses of British Columbia. Miss Sinclair and Miss Stott were elected members of the Executive Committee in place of Miss Colvin and Miss McGillivray, who have left for California, and notice was given of the annual meeting.



of the Graduate Nurses' Association of British Columbia, which will be held in Victoria on Easter Monday, April 9th, a whole day session, with election of officers.

#### PROGRAMME OF LECTURES

The first of what promises to be a most interesting and instructing series of lectures was delivered on Wednesday evening, the 7th inst., before the Vancouver Graduate Nurses' Association by Dr. J. A. Smith, Assistant Superintendent of the Vancouver General Hospital on the History of Anaesthetics.

The lecture was listened to by an unusually large audience and the lucid manner in which the speaker dealt with the subject made the hour most profitable to those present. A very hearty vote of thanks was tendered Dr. Smith.

The programme of lectures as arranged by this Association for the remainder of the year of 1917, is as follows:—

Dr. Wesbrook, President University of British Columbia, "Avenues of Disease."

Dr. Malcolm MacEachern, Superintendent, Vancouver General Hospital, "Mental Nursing."

Dr. R. E. McKechnie, "Post-Operative Treatment."

Mr. F. G. C. Wood, M. A., Department of English, University of British Columbia, "Some Dramatists of the present."

Miss Snyder, R. N., Lady Superintendent, Vancouver General Hospital, "History of Nursing."

Mr. L. Robertson, M. A., Department of Classics, University of British Columbia, "Art."

Dr. E. D. Carder, "Future Citizens."

Miss Margaret McCraney, "The Ministry of Music."

Mrs. Stuart Jamieson, President of Women's University Club, "The British Columbia Woman — Her privileges and responsibilities."

Date of each lecture to be announced through the press.

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#### EVERY-DAY HELPS.

Warm lemons before squeezing them and twice the juice will be obtained.

Dry flour applied with a newspaper is an excellent and easy way to clean tinware.

Place crumpled tissue paper in the bottom of the jar and your cookies will keep fresh and crisp.

Keep candles on the ice for a day before using on a birthday cake, and they will burn slowly and evenly.

When dropping muffin dough into the tins first dip the spoon into boiling water and the dough will not stick to the spoon.

Figs split open form excellent poultices for boils and small abscesses.

### Births

To Mr. and Mrs. Maurice Hodson, of Rosthern, a daughter. Mrs. Hodson was Miss Beatrice Hewing of the Saskatoon City Hospital.

Chambers—At Victoria, B. C. to Mr. and Mrs. W. A. Chambers, a son. Mrs. Chambers was Miss Witfield of the Jubilee Hospital.

At Riverton, Freemont County, Wyoming, U. S. A., on November 2nd, 1916, to Rev. and Mrs. A. H. F. Watkins, a daughter. Mrs. Watkins, nee Frances Scott, is a graduate of T. G. H., class 1908.

At Abernethy, Saskatchewan, December 1916, to Rev. and Mrs. George Dorey, a son. Mrs. Dorey, nee Dent, graduate of Grace Hospital, 1912.

Muirhead—At the Private Pavilion, Toronto General Hospital, on Sunday, January 28, 1917, to Mr. and Mrs. Thos. E. Muirhead, 45 Benlamond Avenue, a daughter (Marjorie).

At Detroit, on Thursday, November 2nd, 1916, to Mr. and Mrs. Charles E. Egleston a son, Charles Webster. Mrs. Egleston (nee Miss Ruth Webster,) graduate of Grace Hospital, 1908.

At Toronto General Hospital, Private Patients Pavilion, on December 8th 1916, to Capt. and Mrs. Clayton Hall, a daughter. Mrs. Hall, (nee Chambers), graduate Grace Hospital, 1911.

To Mr. and Mrs. John Stephen, Mount Royal Avenue, Hamilton, a daughter. Mrs. Stephen (nee Miss Creggan) is a graduate of the Hamilton City Hospital.

### Marriages

On November 25th, 1916, at St. Paul's Church, Kingston, Ontario, Alice H. MacGregor to Capt. Ralph Filson, M.D., Queen's Ambulance Corps., Kingston. Mrs. Filson, graduate of Kingston General Hospital, 1916; and Dr. Filson of Queens.

On December 25th, 1916, at Kingston, Ontario, Nursing Sister Lillian M. Killians to Capt. W. H. Hicks, M. D., Condiac, Sask., of Queen's Ambulance Corps, Kingston, Ont. Mrs. Hicks, graduate K. G. H., 1916.

Armour-Morris—At the Parish Church, Bramshott, England, on Tuesday, January 19, 1917, Archibald Douglas Armour, Major 74 Batt., C. E. F., to Elizabeth Morris, daughter of the late Robert Morris. Mrs. Armour, graduate T. G. H., 1908.

Van Wyck-MacTavish—At Frome, Somerset, England, on Tuesday, January 2nd, 1917, Jean Carmichael MacTavish, only daughter of Rev. Dr. MacTavish, Grosvenor Street Church, Toronto, to Captain Hermon B. Van Wyck, M. B., Adjutant No. 4 University Base Hospital, Salonica, son of the late Rev. James Van Wyck, Toronto and Hamilton. Mrs. MacTavish, graduate of T. G. H., 1915.

At Chicago, on December, 12th, 1916, Miss Jennie Harrison (graduate Grace Hospital, Toronto, 1898), to Mr. J. H. Morrison of Winnipeg. They will reside in Winnipeg.

At Toronto, on December 6th, 1916, Miss Jean Wilson of Wingham, Ontario, to Mr. Thomas Powell of Saskatchewan. They will reside at Hensall, Ontario. Mrs. Powell (nee Wilson), graduate of Grace Hospital, 1910.

Miss Flo. Brown, class 1914, St. Boniface, Winnipeg, was married in November to Captain Picard, M. D., of Winnipeg.

Miss M. L. Brinn, class 1916, St. Boniface, Winnipeg, was married to Alphonse Lord, of Keewatin.

Bradley-Wright.—In St. Peter's, Nanaimo, B. C., Miss Mary Jane Bradley, (Graduate St. Paul's Hospital, Vancouver, B. C.), to Mr. John Clement Wright, of Hache, Cariboo, B. C.

### Deaths

Died—At Toronto, January 9th, 1917, Mrs. Robert Hackney (nee Wilson), graduate of the Guelph General Hospital, class '03.

A new departure was initiated by the London Hospital when a short time ago three women doctors joined the staff of that institution and entered upon their duties. The new appointments will add one to the small number of hospitals which admit women to their medical staffs. There are in London five hospitals entirely officered by women, and women are running the military hospital in Endell street for wounded soldiers.

## The New York Nursery and Child's Hospital

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OFFERS to graduates of recognized training schools a splendid post graduate course of three months in obstetrical nursing.

This course includes experience in modern methods in the hospital wards and private floors and in the obstetric department among the city poor.

Weekly lectures, classes and demonstrations are given together with a proposed series of evening lectures, or talks, to nurses and patients on pre-natal influences and the after care of mother and child, on hygiene and sanitation, and other instructive and interesting topics.

A three months' post graduate course in pediatrics is also offered to graduate nurses who desire special preparation in the care of children.

This course will include experience in the children's wards, including the observation ward, the babies' clinic, instruction in the "boarding out system," etc., the instruction given in the diet kitchen in connection with these courses will be optional with graduate nurses.

The hospital is now ready for affiliation with accredited training schools who desire for their pupils special training in obstetrical nursing or an unusual opportunity for experience in the care of children, including instruction in the diet kitchen in the preparation of formulae and special diets for children.

The course for each service is three months, or six months where the two services are combined. Classes, lectures and demonstrations as enumerated above, will be held regularly.

Comfortable housing conditions, with a desirable environment for young women in training are provided.

For further information apply to

MISS RYE MORLEY, Superintendent.



## British Sailor from Jutland Battle Praises Ambrine

---

It is a pity that the audience at the Margaret Eaton Hall could not have witnessed the incident that happened just as Miss Elsie De Wolfe was leaving the hall. Up to her stepped its new caretaker. He is a British sailor of many years' service and was wounded in the Jutland battle when he was on board the *Undaunted*. Said he to Miss De Wolfe: "I was so glad, Miss, to hear you telling people here about that wonderful stuff, for I've seen what it's done with my own eyes. I lost a lung in the battle of Jutland, and when my wounds were being treated on board the *Undaunted*, some men were brought in that were terribly burned in an explosion in the boiler-room. But the doctors had a great kettle of ambrine a-boiling and they had those men painted with it in a few minutes. And their terrible agony was all gone directly!"

\* \* \* \*

Crowded to the doors was the Margaret Eaton Hall when Miss Elsie De Wolfe told of her wonderful experiences with ambrine in French hospitals and showed colored pictures of burned soldiers before and after treatment with the Barthe de Sandfort discovery.

"So extraordinary have been the results with it that it strains credulity to believe unless you have witnessed them!" declared Miss De Wolfe at the beginning of her lecture. After seeing the pictures which ended it, all understood her statement. Most terrible were the "before" pictures of soldiers treated with ambrine. But once an "after" picture was seen, none of them seemed too forbidding to look upon.

For miraculous is the only word that describes them. Men whose faces were like beefsteak were shown twenty-five days after treatment with perfect skins again, while even the most frightful cases were shown to be perfectly healed in forty or fifty days. Cases of severe frost-bites were also shown that the magic new combination of paraffine, wax and amber cures.

\* \* \* \*

Miss De Wolfe told of the first case she had seen treated at the Issy Hospital, where, through the interest of M. Justin Godard, of the French Government, ambrine's discoverer is now treating hundreds of soldiers. It was a French gunner whose head was almost split open at Verdun that Miss De Wolfe saw treated first. He was in agony when the first emergency dressing was removed and only the knowledge that ambrine could help at once could have enabled anyone to stand his torture at having the old kind of bandage removed, declared Miss de Wolfe.

However, within a few moments of the application of ambrine, for the first time since hurt, he like others declared he felt no suffering and was able to sleep. Torment had been transformed to perfect tranquility.

These two models are selected from our new Catalog: but there are many more that you will want to see.



*SOLD by department stores in nearly every city, or order direct from us and we will see that you are correctly supplied.*

No. 664—For the nurse wishing a smart and out-of-the-ordinary uniform we offer this very new model. Made of extra quality Oxford, it buttons on a side; collar is hemstitched. The belt is a little wider than usual and is detached so as to be adjustable. Two pleats in front of skirt and prettily shirred back give gracefully draped fulness. New sleeve is fastened with three small buttons on the cuff and can be adjusted to fit snugly around the wrist.

An uncommon and very pretty dress. Sizes 34 to 46.

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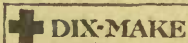
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No. 661—A very smart model with low neck and long sleeves with mannish cuffs. Made of pre-shrunk Dixie Cloth—this dress has won instant approval and is highly recommended by us. Waist has three deep pleats on each side, giving extra fulness.

New shaped five-gore skirt is unusually well balanced and drapes with moderately full flare. Sizes 34 to 46

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The method of treatment, as fully described by Miss De Wolfe, was to first thoroughly dry the burns with an electric dryer. It was not necessary to wash them, sometimes this was delayed for the second or third day. When the surface is dry, the ambrine is applied either by painting with a camel's hair brush or by a sprayer, then comes the layer of thinnest cotton, then more ambrine and a starched bandage. The pain is soothed immediately on application and beneath the ambrine nature works marvellously quickly. Within a few days, declared Miss De Wolfe, with applications fresh every twenty-four hours, flesh and tissue begin to be renewed, small white flakes appear which soon become new skin. It is neither drawn nor scarred and is as smooth and elastic as ever.

\* \* \* \*

Melted at 254 degrees are the cakes of ambrine and, though it seems unbelievable, burned patients can stand its application at from 145 to 154 degrees. This heat is necessary to keep it in a liquified state while applying, and though it is apt to clog the sprayers now used, Miss De Wolfe has much hope from the one Dr. Sherman of Pittsburg is now experimenting with. For it will contain an electric coil to overcome this.

\* \* \* \*

Miss De Wolfe is now devoting all her efforts to help the burned soldiers in France, and appealed for funds to obtain more ambulances and dressing stations to treat men at the very lines. Over \$200 was taken up at a collection, with promises of more to come.

Prof. Mackenzie, in moving a vote of thanks, said he was awaiting with many others the verdict of Dr. Carel on the new discovery, and he regretted that the formula had not been given to the world.

\* \* \* \*

In reference to this point, when interviewed after the lecture, Miss De Wolfe declared that Dr. Henri Rothschild had bought the formula from its discoverer, and that it would be kept secret until after the war, while for the present Dr. Rothschild was giving it free to the French army. As for its discoverer, he was a poor man still and the money he had received for it had gone to pay his stockholders in an unsuccessful company, who had believed in him before the war.

Sir John Willison acted as chairman at the meeting, at which Miss De Wolfe declared most strongly that you cannot help France any better than to aid her burned soldiers by providing facilities for them to get treatment more quickly.

—CORNELIA, Toronto Telegram.

Mother Alphonus, formerly Miss Mary Cashlin, died at Hamilton, Ontario, aged 80 years. For sixty years she was a member of the Community of St. Joseph, first Mother Superior of the House of Providence, Dundas, and had charge at different times of many Catholic hospitals in Ontario.



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**Y**OU Nurses know the importance of good health. You know, too, how the mouth breeds disease germs. And you cannot afford to be come ill. You must safeguard your health. Come to me for a Free, Expert Examination that will determine the needs of your teeth.

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Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanatoriums in the city) a splendid opportunity to become acquainted and established in their profession. Address 106 West 61st Street, New York City. Phone: Columbus 7780 7761.

## The Heroism of Nurses

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In the midst of all the horrors of war it is a relief to turn for a moment to another side of the picture—the devotion and heroism of trained nurses. Whether their courage and discipline have been tested on torpedoed ships, under fire in bombarded towns, amidst the hardships of the Great Trek over the Serbian mountains in mid-winter, in fever hospitals, subjected to the risk of contracting from their patients the dread disease of cerebro-spinal meningitis, or—as in the case of one nurse working in a military hospital—in assisting a constable to control three violent prisoners, while a number of men refused to help, the behaviour of the trained nurses of the Empire, under conditions testing their endurance and self-sacrifice to the utmost, has been such as to win the highest admiration.

The words of the nursing staff on the sinking hospital ship *Anglia*, "We have the right to be last this time," are worthy of a place in history with those of the *Marquette* nurses, "Fighting men first;" and nearer home, when the streets of Dublin were swept with gunfire, the nurses went about their work resolutely, so as to draw from General Sir John Maxwell the commendation:—

"I desire to express my sincere appreciation of the services rendered during the recent disturbances in Dublin by the medical, surgical, and nursing staff of many of the city hospitals, and, in particular, of the gallantry shown by those nurses who exposed themselves to a heavy fire in attending to, and removing, the wounded."

In the words of Colonel Springthorpe, of Melbourne:—"The work of the nurses has been magnificent. . . . The women's sacrifice has been as great as the men's, and in many cases the danger has been very little less. The work they have done deserves the everlasting thanks of the community." If this is the case where nurses, outside the regular naval and military nursing services, have had to work at such a disadvantage, had trained nurses been able to organize their own professional work before the war—a right for which we have pleaded for nearly thirty years—how magnificent might have been the result. Is it too much to hope that the lesson of the war to the Government will be that trained nurses have the capacity to organize their own work, and that, for the welfare of all concerned, such organization should be placed in their hands?

### CAVELL MEMORIALS.

The execution of Miss Edith Cavell has profoundly stirred not only the British Empire, but nations beyond its confines, and a number of memorials have been erected to her memory. The sentiment which has

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been evoked was eloquently voiced by M. Léon Baylet in an address delivered in her honour at the Atheneum Municipal, Bordeaux, when he said:—

“With hearts constricted with an inexpressible emotion which causes our speech to falter, we come to glorify a woman—an Englishwoman—an English nurse, whose simple straightforward life, clear as a radiant spring day, was passed at the bedside of the sick, in the tenements of the poor, a woman who only wished to have as her family the poor, the the wounded, the old, the children, those who wept and those who suffered, a woman almost unknown outside her own intimate circle, and whose name suddenly on the day of her death, and by that death itself, has been carried by glory far and wide, before time and space, to the highest place in the remembrances of mankind.”

The statue, by Sir George Frampton, to be raised aloft in the centre of London, of Edith Cavell in her simple nurse's uniform, which we owe to the initiative and sympathy of the *Daily Telegraph*, will, in generations to come, keep alive the memory of one who has “raised our hearts to the level of sacrifice, and entered immortality with the numberless legions of those who have died for their country.”

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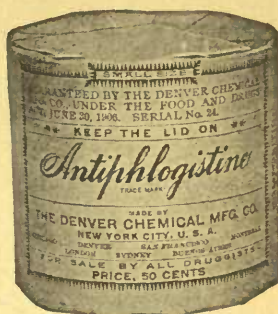


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is due either to a gradual toxemia or to a mechanical interference with respiration and circulation. (Osler.)

ANY remedial agent that hastens the elimination of the toxins—that relieves the dyspnoea, cyanosis, and tends to restore normal circulation—is clearly indicated.

ANTIPHLOGISTINE applied hot over the entire chest wall, increases the superficial circulation and by its hygroscopic, depleting and osmotic action, hastens the elimination of toxins. By increasing the capillary circulation the right heart is relieved; the dyspnoea and cyanosis rapidly disappear.




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Directions: Always heat in the original container by placing in hot water. Needless exposure to the air impairs its osmotic properties—on which its therapeutic action largely depends.

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A Valuable adjunct in the treatment of Pneumonia.

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Superintendent of Nurses

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Board of Directors—Misses Wilson, Millan, Nash, Wilson, Didsbury, M. A. MacKenzie, Dyke, Kinder and J. Ferguson.

Representatives to Central Registry Committee—Misses Wardell and Didsbury.

"The Canadian Nurse" Representative—Miss Jessie Ferguson, 596 Sherbourne St.

Regular Meeting—First Tuesday, every second month.

### THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO

President—Miss A. MacDougal; Vice-President, Miss McVicar; Secretary-Treasurer, Miss L. Whiting.

Conveners of Committees—Sick Visiting, Social and Look-Out, Miss Ida Rasser, Victoria Hospital; Programme, Miss Mary Mitchell, 77 Grey St.

Programme Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High St.

Regular Meeting—First Tuesday, 8 p. m., at Victoria Hospital.

### THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Honorary President, Miss Ellis, Superintendent of Nurses, Western Hospital; President, Mrs. Gilroy, 490 Spadina Avenue; First Vice-President, Miss MacDermid; Second Vice-President, Mrs. Fortiner; Recording Secretary, Miss Lowe; Corresponding Secretary, Mrs. Weitlaufer, 97 Constance St.; Treasurer, Miss Northgrave, T.W.H.

Directors—Mrs. MacConnell, Mrs. Yorke, Mrs. Bell, Mrs. Valentine, Misses Beckett, Creighton and Fasken.

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# THE CANADIAN NURSE

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NO. 3

## Social Problems Involved in Maternity Cases

*Read before the Medical Social Service Course, University of Toronto*

(By B. P. Watson, M. D., F. R. C. S. E.)

The processes of pregnancy and labor ought, theoretically, to be strictly physiological processes unattended by danger to health or to life. Practically, however, we find that there are dangers. Some of those are inherent dangers which may arise, no matter what care be taken. The vast majority, however, are preventable conditions arising as the result of our Social System and calling for effort on our part to counteract them.

In a recent discussion of the "Care of the Pregnant Woman" at the Royal Society of Medicine, London, it was stated that in England and Wales there was an average of 3,500 deaths each year from child birth, whilst a far greater number endured preventable suffering and disablement. That is an enormous loss to the nation, for most of those women, had they survived, would have borne more children.

Then we must also take into consideration the foetal mortality. Just think of the enormous wastage of life involved in abortions, miscarriages, and the birth of still-born children! On an average, one pregnancy in every eight terminates in abortion, and under modern conditions this proportion is constantly tending to become higher. Three children out of every hundred born at full term are still-born, whilst a considerable number born alive are so feeble or are so neglected as to survive only a short time.

There is no need to enlarge further on the necessity for enquiring into the possibilities of preventing or reducing this great maternal and foetal mortality. The duty of doing so has always been before us and is more urgent than ever to-day when every life is such an enormous asset to the nation.

In approaching the question of prevention we must first tackle the problem of the reason for these untoward things happening. Let us therefore enquire into the causes of the high foetal and maternal mortality and morbidity and see whether anything we can do will reduce them.

Take the question of abortion, with the enormous wastage of were human life which it involves. This accident sometimes happens

without demonstrable cause and may occur several times in the same individual and no reason for it be discovered. In the present state of our knowledge we have to recognize that there will always be a certain wastage from this cause, although doubtless the measures of general hygiene which we advocate throughout pregnancy will have some influence in reducing it. Many abortions are due, however, to definite causes which can be counteracted. Syphilis is one of the most common and important of these. The syphilis may be in the mother, in the father, or in both. It is often in an attenuated and masked form, but is never the less potent for evil. This is not the time to go into the question of the control of venereal disease, but obviously this is a question of the very greatest importance to the State and must enter largely into any broad scheme of Social Service work. In Britain they have recognized its vast importance and the State now supplies free every available means of treatment.

There is another aspect of this question of abortion which is a very real one on this continent—much more so, as far as my observation goes, than in Britain or in Europe, viz.: the induction of criminal abortion. It seems to me that the public here requires to be educated to a knowledge that when a pregnancy, no matter how early, is wilfully terminated, a legal and moral crime has been committed. There is a prevalent idea among women that so long as the pregnancy is terminated early, no offence has been committed. This of course, is absolutely wrong. Scientifically and morally an embryo of three weeks is just as much a living thing as a foetus of six months, and its wanton destruction just as much a crime. I am certain that Social Service workers, especially trained nurses such as you are, can do a great deal to develop a more enlightened public opinion in this matter. The matter is an urgent one not only from the point of view of loss of foetal life, but also on account of the enormous risks these women subject themselves to to get rid of the products of conception. Our wards in the hospital are never without one or more of such patients in a critical condition from septic poisoning.

Coming now to a later stage of pregnancy, we find that the causes of the maternal mortality we have mentioned are as follows—I quote you the statistics from a large English city over a period of ten years:—Albuminuria, 39 deaths; eclampsia 30 deaths, a total of 69 deaths from albuminuria and eclampsia; puerperal fever in its various manifestations, 32 deaths; following obstetrical operations, 11 deaths; antepartum and post partum hæmorrhages, 24 deaths; embolism, 10 deaths; intractable vomiting, 2 deaths.

Of these various conditions resulting in the death of the pregnant or puerperal woman, that of embolism and perhaps some of the hæmorrhages are the only ones which we may regard as not preventable. There can be no question at all that the great majority of the deaths from albuminuria and eclampsia, from puerperal sepsis and from obstetrical operations could have been averted had the patients been under proper skilled supervision during their pregnancies and confinements.



stetrics probably more than in any other branch of medicine, preventive measures are of the most supreme importance. The less of active interference at the actual time of labor the better. All our efforts should be directed during the preceding months towards making it possible for things to go on naturally at the time of delivery. The very derivation of the word "obstetrics" indicates this. It means, literally, "to stand by," and by standing by should be meant an attitude of watchful waiting. The possibilities of danger and difficulty are so great that every pregnant woman ought to be under skilled observation from the earliest stage of pregnancy. It is in this matter that the public requires educating—not only the lower strata of society, but also the middle and well-to-do classes. I would even go further and say that a great many of our medical men and nurses require to be better informed in this subject. It has been advocated in Britain that the notification of pregnancy be made compulsory and attempts have been made at voluntary notification in various cities. At present, however, public opinion is not educated up to this and we must wait a little longer. It was found that where such notification schemes were in force, there was a tendency on the part of women to defer calling in medical advice until late in pregnancy. The scheme therefore, to a certain extent, defeated its end.

It is therefore more and more incumbent upon us medical men and social workers to educate the public in this matter—to impress upon the pregnant patient how important it is for herself and for her unborn child that she should seek medical advice early. In the working and well-to-do classes this supervision ought to be exercised by the family physician or obstetrician. For the poorer classes there ought to be established in every city and in every district maternity centres to which pregnant women could apply for advice, and through which constant supervision could be exercised. Such maternity centres should be in direct connection or in close touch with an obstetrical hospital or hospitals. They should be staffed with physicians capable of making a careful and thorough obstetrical examination, and with nurses who would follow up the patients in their own homes. The patients ought to be encouraged to enter the hospital for their confinement. If, for any reason, they cannot or will not do so, provision ought to be made for having them attended in their own homes, where they would be confined with the same antiseptic and aseptic care as is exercised in hospitals. The work done at those centres ought to link up with the other branches of social service work in the district and especially with that dealing with the care of the child.

The sort of supervision that would be exercised over those patients would be something as follows:—

The general social condition of the patient would be enquired into and investigated, and any unsanitary conditions in the home surroundings remedied. The patient would be instructed in the general care of her health; her food, clothing and exercise would be supervised. If she were engaged in manual labor steps would be taken to relieve her of



this during, at any rate, the last three months of pregnancy. This last is most important. It has been found in the large manufacturing towns of England that women who carried on their work in mills up to the end of pregnancy invariably gave birth to puny, ill-nourished children, who were liable to succumb in the early weeks of their lives.

In such a centre as we are speaking of, regular systematic examinations of the urine would be made and on the first detection of anything abnormal, steps would be taken to have the patient treated. Thus the enormous death rate, both maternal and foetal, from albuminuria and eclampsia, would be materially diminished. We have seen that those two conditions are responsible for a very large proportion of obstetrical mortality. Eclampsia is essentially a preventable disease. The premonitory symptoms and signs are perfectly definite, and patients ought to be instructed to report at once if they show any of them, such as persistent headache, dimness of vision, flashing of light before the eyes, swelling of the face and hands, diminution of the quantity of urine, constipation and epigastric pain. In most such cases, if taken early, the condition can be controlled and the pregnancy continued normally to term. In a few cases it may be necessary to sacrifice the child in order to save the mother, but under the ideal conditions of which we are speaking, a mother's life should seldom be lost.

A most important part of the prenatal examination of the mother is the careful measurement of her pelvis to determine whether she is likely to be able to give birth naturally to a full term child. This is a matter which is too often neglected even in better class practice, and there is absolutely no excuse for it. In the statistics which I gave you, most of the eleven deaths following obstetrical operation would have been averted had this simple preliminary examination been made. If a woman is pregnant for the first time she is entitled to expect from whom-ever is looking after her that he satisfy himself that she can give birth to a living child. This matter is becoming of more and more importance in this country, owing to the greater number of cases of deformed pelvis which are met with every year. A great many of the women with such deformities and contractions are immigrants from Europe, but our own growing slum conditions are favoring the occurrence of rickets in children, which almost invariably results in pelvic contraction when adult life is reached. By a timely measurement of the pelvis an estimate can be made and the necessary operative procedure for the safety of the mother and child can be carried out. Whilst I am speaking of operative procedures, let me mention another matter on which I think expectant mothers require enlightenment, viz.: the danger to themselves and to their child of too early instrumental interference. Nature meant the child to be born by the unaided efforts of the mother. We have means of lessening her suffering and of shortening the duration of labor in anaesthetics and forceps, but the premature use of either of those, especially the latter, is disastrous. Too often this premature interference is encouraged or instigated by the patient's kind but ignorant

friends and relatives who think thus to save her suffering. It may save her a little pain at the time, but as a rule not in the long run. Well over seventy-five per cent. of the patients in my gynæcological wards are suffering from conditions directly resulting from such premature interference, and in many cases calling for extensive operations.

Puerperal sepsis is accountable for a large proportion of the maternal mortality. In the great majority of cases this is a preventable disease, and it is anything but creditable to us as a profession that it claims so many victims as it does. Its incidence can be diminished first by the careful preliminary examination of the patient and the treatment of any defective condition discovered during pregnancy, and secondly by the most careful attention to antiseptic and aseptic detail in the conduct of the delivery, whether this take place in the hospital or in the patient's home. In hospital we observe such details as a matter of course. In the patient's home they are too often absolutely neglected. Any hospital, dispensary, mission or centre, undertaking to look after parturient women in their homes ought to make provision for conducting the confinement under absolutely antiseptic conditions. This involves sending out with the attendant a complete sterile outfit; towels, gowns, gloves, pads, wipes, and instruments. The days when all that was considered necessary for the proper conduct of a labor could be carried in a small handbag should be forever passed, but, alas, are not.

By these simple means of exercising supervision over the patient from the earliest possible period of pregnancy, and providing the proper equipment for the labor, an enormous saving of maternal life could be effected. We cannot hope to abolish entirely mortality from childbirth, for such accidents as embolism and hæmorrhage will occur in spite of all we can do. These, however, form a very small part of the present day death rate.

With the mother safely conducted through her confinement and a healthy living child born, the social worker has another care on her shoulders. The mother must be nursed through the puerperium, and on the care given her at this time may depend her future health. Then she must be instructed regarding the proper feeding and clothing of her child. Unless under very special circumstances, the best food for the child is its mother's milk. As a rule in the lower classes there is little difficulty in getting the mothers to suckle their children. We often have much more difficulty with our better class patients. They all require instruction, however, in the importance of regularity of feeding, the importance of fresh air for the child, and regarding the proper clothing. This early supervision of the child can only be effectively carried out by one who has been in contact with and sympathy with the mother during her pregnancy and confinement. After one or two weeks the care of the child can be handed over to the children's clinic.

There are many other problems coming before the worker in the Maternity Department, such for instance as that of the unmarried mother. Time does not permit of going into those, but I think enough has been said to demonstrate the importance of the subject.



## The Feeble Minded

(By Bertha Winn, Director Child Study Laboratory, Victoria, B. C.)

(Continued from February Number)

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### *Causes, Care and Treatment.*

The cases of feeble-mindedness may be divided into two groups with respect to the factors which have casual relationship to this condition. *Primary* Amentia or feeble-mindedness is due to a general impairment of the germ plasm, resulting in an incomplete development of the brain. In *Secondary* Amentia the germ plasm is healthy, but certain external influences acting before, during or after birth operate to arrest normal development. In the first case, according to the laws of heredity, the pathological variations are transmissible and the defect becomes innate and constitutional; while in the second the defect may not be transmissible. The following table will show the classification as made by Fredgold:

Primary Amentia—due to germinal impairment.

Neuropathic inheritance (includes 50% of all cases).

Alcoholism.

Tuberculosis.

Syphilis.

Consanguinity.

Age of Parent.

Secondary Amentia—due to external factors, acting upon the offspring.

(a) Before birth:

1. Abnormal conditions of the mother during pregnancy (1) mental; (2) physical.
2. Injuries to the foetus.

(b) During birth:

1. Abnormalities of labor.
2. Primo geniture.
3. Premature birth.

(c) After birth:

1. Traumatism—Traumatic.
2. Toxic.
3. Convulsive.
4. Nutritional.

As has been pointed out, the most frequent cause is neuropathic inheritance. This condition runs right through whole families, resulting not always in pure feeble-mindedness, but manifesting itself in insanity, dementia, epilepsy, paralysis, heart trouble, tuberculosis, and all the other



ills common to neuropathic stock. Alcoholism, social diseases, tuberculosis, cannot be said to be the causes of defectiveness so much as the accompaniment or result of the neuropathic *predisposition*. Nervous instability, excessive peripheral irritability, imperfect functioning are the antecedents of degenerate habits and vicious practices more often than the consequences. And it is because this is true that we have hopes of checking the spread of these pernicious evils by segregating persons with morbid hereditary tendencies.

The cases of Secondary Amentia are not comparatively very numerous, but they occur with enough frequency to make the study of them highly important. If one could rely on the facts given by most relatives of defectives, one would be inclined to believe that the greater majority of cases was due entirely to secondary causes, and it may well be that this is the firm conviction of most of those who give the history of the cases. But the trained worker in the field knows the signs and can draw her own inferences from the testimony she receives. I well remember a defective boy who was brought to me at the age of twelve. He could neither read nor calculate, though he was very clever in manual work. Little by little I extracted the information that there had been eight children in the family, all of whom exhibited some great physical weakness. Two had died of heart trouble at the ages of 12 and 14, one of tuberculosis, two whom I should call moral perverts, had run away from home for reasons that were not at all justifiable; and the remaining two were of the lazy and shiftless type, perfectly contented to rest down at home without making an effort to wait on themselves or contribute in any way to their own support. A record like this is most abnormal and one from which no other possible conclusion can be drawn than that a hereditary taint of degeneracy must have blighted them all. But to speak further of secondary causes, it is indisputably true that neglect, disorder, malnutrition and maltreatment during the period of infancy may leave a permanent effect upon the child's mental and physical development and one that cannot be overcome by the most skilled and patient treatment later. Every child born into the world needs the most comfortable surroundings possible and the best of nourishment and care. It would seem that in the vast majority of cases, feeble-minded children were the most neglected, where they should have many times the attention that the normal child receives. Frailty is added to frailty and their weaknesses accentuated by the indifferent treatment they receive.

Provision should be made for the early training of defectives, since left to themselves, habits in keeping with their sluggish mentalities are formed, and being much slower to respond to stimulations than normal children, they soon sink into a level of mental functioning so dull that it is difficult to arouse them. Almost all feeble-minded children above the imbecile stage can be trained to do something useful. They can at least develop habits of cleanliness and order, and these are often more valuable for practical purposes than lessons learned from books. Most morons can learn to read and write and handle numbers a little, but

unless they are capable of reaching a stage where these attainments are a real pleasure to them the time had much better be spent in teaching them useful occupations. It is not absolutely necessary that everyone should read and write, but it is vital that every one should be self-supporting and that he should enter into a task in which he can succeed; for success in however small a way is the greatest stimulant to mental functioning that experience records. Handwork of all kinds, music, rythm, and games should constitute the entire programme for the feeble-minded.

There is one and only one solution to the problem of the feeble-minded. For their own protection and the protection to society they must be segregated and placed in institutions. The farm colonies that are being provided for them everywhere would seem to meet the demand for their disposition in the wisest, most economical and most humane way. This method furnishes a great variety of occupations entailing much out-of-door life, which is essential to their well-being. The housing in cottages gives them a real interest in community life, and an opportunity to express their home-making and home-keeping instincts.

It also necessitates the continuous performance of a chain of tasks, thus approaching the responsibility of normal home life and in time comes to develop a real and vital personal interest in self maintenance. More than all, it furnishes them an opportunity to make the widest and happiest use possible of what talents they possess, which is the plain duty of every community toward its citizens.

To postpone taking care of this helpless class is the greatest folly a state can be guilty of, for it is only a postponement. One-fourth of our public revenues is devoted to the care of our delinquents and dependents. *In the end* public or private charities care for every single individual case of defectiveness and this, mark you, after incalculable harm has been done, thousands of innocent lives exposed to the infection, untold miseries added to the category of human woes! To let this evil run rampant in our midst bespeaks the greatest of shortsightedness, both financial and moral, for the cost of the prevention is as nothing to the cost of the cure in terms both of money and human life. There are in British Columbia at the least calculation one thousand institutional cases of defectiveness. After the initial cost of housing is allowed for, the cost of maintenance per person would be in a liberal estimate \$250.00 per year, and this supposing that the subject is able to contribute nothing in the way of labour to his support. Compare these figures with those recently compiled in a survey made in Indiana. One family whose members are all defective has cost the county alone \$10,000.00. When one reflects that this means only dollars and then takes into account the lives that have been wrecked and the irreparable injuries that have been inflicted upon society, the damage done assumes enormous proportions. Let no one deceive himself into thinking that to curtail expense in this direction is to practise a true economy—nothing could be farther from the truth. The ultimate cost



of caring for these cases will be tenfold that of a timely protection and the public can devote the extra money and the extra energy to the promotion of constructive schemes for human progress.

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### **\*Large Quantities of Milk in the Treatment of Disease**

(By J. E. Crewe, M. D., Rochester, Minnesota)

(*From the Journal-Lancet*)

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The treatment of disease by the exclusive use of milk, with practically no other food or medication, while not new, is, I believe, unusual, at least in this country. Ordinarily, when the milk treatment is prescribed, the daily quantity seldom exceeds three or four quarts.

Theoretically, considering its important elements,—sugar, salts, albumin, water, and vitamins,—milk should be ideal in the treatment of disease. As a food it is the most nearly perfect of any substance. It contains all the elements necessary for the growth of tissue and the maintenance of the body. Chemically it resembles blood; and it is blood before it is milk. Osler speaks of it as being “nothing more or less than white blood.” Pavlov states, “There are properties of milk which secure for it an exceptional position. Milk, when compared with other foods in nitrogen equivalents, requires the weakest gastric juice and smallest quantities of pancreatic fluid. Consequently the secretory activity necessary for its assimilation is much less than for any other food. When milk is introduced mechanically into the stomach of animals, it causes a secretion both from the stomach glands and from the pancreas; consequently it appears to be an independent chemical excitant of the digestive canal, and in this action there is no essential difference whether the milk be introduced directly into the stomach or be given to the animal to lap. Milk excites not only a really effective, but also a very economic secretion, and the appetite is made to stimulate this secretion into a more active or abundant flow. The price which the organism pays in digestive work for the nitrogen of milk is much less than for any other food.”

Milk makes more blood, and better blood, faster than any other substance; moreover, it is an excellent diuretic, and large quantities are eliminated by the kidneys, without irritation, as is shown by the remarkable and rapid improvement of patients with inflammatory renal disease when placed on a milk diet. The hot baths prescribed result in profuse diaphoresis.

I think we can say that, speaking broadly, most diseases are due to poisoning from pathologic bacteria, from faulty elimination of the toxins generated in the body tissues, or from defective blood or defective circulation resulting in malnutrition of certain tissues or parts of the body.

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\*Read at Mayo Clinic Staff Meeting, November 15th, 1916.



Obviously, then, to cure disease we should seek to improve elimination, to make better blood and more blood, to feed the tissues, to destroy the invading bacteria, to quickly remove bacterial and other toxic products, and to build up the body resistance. It is doubtful if there is any drug or group of drugs that will do this satisfactorily and quickly.

About three to three and one-half quarts of milk daily will sustain the average adult indefinitely under ordinary circumstances. If the patient can be made to assimilate from three to five quarts more, combined with complete rest and baths, we have a wide margin to go toward correcting the conditions causing disease, for reasons mentioned.

There are some difficulties in the way of feeding patients from six to eight quarts of milk a day; but, while we have unpleasant complications, we are able to overcome these difficulties in nearly every instance. There should be no iron-clad rules; discretion must be used. As a general thing we begin the treatment by giving the patient large quantities of water and oranges, or orange juice, without other food, for one or two days. Following this the patient is confined strictly to bed, but is allowed to walk to the bathroom when necessary, unless this is contradicted. In most instances the daily feeding begins with three or four quarts of milk, given half-hourly, thirty-two times a day. We begin at 6 a.m. and continue half-hourly feedings until 9.30 p.m. A daily enema of soapy water or salt solution is important, because patients to whom it is not given frequently have gas distention and nausea, and develop an aversion to the milk. In addition to the milk the patients are allowed a dish of prunes or orange juice daily. No other food or water is given. We plan to increase the amount of milk given one quart every other day until we have reached the amount the patient can take, which in most cases is from six to eight quarts. I have had one patient who drank twelve quarts of sweet milk and three quarts of buttermilk a day for two weeks, during which time he gained twenty pounds. I have had patients gain twenty pounds in two weeks also on eight quarts a day. We use Guernsey or Holstein milk according to the case, and sometimes give part buttermilk. I am convinced that, to obtain the best results, whole raw milk must be given in large amounts combined with complete rest in bed and hot baths. It is a curious fact that while thin people gain rapidly in weight, stout people gain very little, though they seem to improve equally well.

Unless contra-indicated each patient is given a hot bath daily, lasting from ten minutes to three-fourths of an hour, and then wrapped in a blanket to cause perspiration.

During the last four years I have treated 136 cases by this method, and I have not included in this list a large number of patients to whom I have given large quantities of milk combined with other treatment. These cases may be divided roughly into the following groups:

Tuberculosis .....	18 cases
Arteriosclerosis .....	18 cases

Chronic rheumatism .....	8 cases
Chronic nephritis .....	8 cases
Gastric ulcer .....	4 cases
Diseases of the nervous system .....	21 cases
Unclassified .....	51 cases

The unclassified group includes a large variety of cases, but most of them were those of patients who were recorded as being "run down," anemic, and ill-nourished,—not well, but without definite lesions. Some of these were people who were tired, under weight, needed building up, etc. Included in this list are two cases of prostrate disease, several cases of chronic and obstinate constipation, and two cases of cancer. Perhaps the best results are seen in tuberculosis.

Most of the patients were in advanced stages. One patient not included in the list, who was in the very last stages of prolonged illness, tried to take treatment, but soon discontinued it after a few days and soon died. I am willing to put this case in the list, but it is obviously unfair, for the patients' condition was absolutely hopeless and the treatment was attempted only to please her friends.

Two cases in the list were acute, and both patients died in less than two months from the time of their first illness. It is interesting to note, however, that they gained in weight and seemed to improve as long as they took large quantities of milk, but rapidly failed when they became unable to take much milk. Another patient, one of whose lungs became completely consolidated shortly after the onset of the disease, is still alive, eight months later, but unimproved, although he has maintained his body-weight and color, and has been remarkably free from the usual discomfort of advanced stages. The remaining patients, so far as I know, are apparently well.

Considering that these patients were under treatment for periods of only four to eight weeks, I think the improvement very remarkable. For the sake of brevity I will describe only one case in which the improvement was typical of most of the others, although this was one of the most severe infections. I do not say that this patient is cured, and I have not examined him in several months, but he is working and says he feels well. A Röntgen-ray picture of this patient showed a very extensive infection. At the time treatment was begun his temperature was 102° and sometimes higher. Ten days later he had very little cough and no fever, and in six weeks gained twenty-six pounds. Treatment was begun February 4th, 1916, and he has gained thirty pounds and does not cough. In one severe case the treatment was given for only four weeks,—nearly four years ago,—and there has been no trouble since. Two and one-half years ago I treated at the same time three tuberculosis members of a family of nine children, five of whom had died of tuberculosis. One of these had a most severe pleurisy at the time treatment was begun and was seven months pregnant. She was also extremely emaciated from pernicious vomiting of pregnancy. In the beginning she was able to take



milk only in very small quantities, but soon gained rapidly. She gave birth to a normal child at term, and has had another child since. Both children are healthy, and the mother is in better health than she had ever been before. The other sister has had no trouble since, and was married last spring. Tubercle bacilli were demonstrated in both these cases. At the beginning of treatment the brother weighed 174 pounds. His normal weight was 204 pounds. Six weeks after beginning treatment he weighed 209 pounds. None of these patients have shown any symptoms of the disease since, and have retained or increased their weight. Incipient cases require only four weeks' treatment, and the gain in weight of nearly all these patients has been from sixteen to twenty-six pounds in from four to eight weeks.

The results in arteriosclerosis, I believe, are equally interesting. Of the twenty-six patients treated, one is dead, but he lived two years after his physicians had given him only three or four months to live. He was a Christian Scientist and refused to take the treatment a second time. One other patient, aged 72 years, had had three light apoplectic strokes, and had a blood-pressure of 245. In spite of the fact that he over-eats he is alive and quite active after nearly two years, and has undergone an operation for hernia since taking treatment. He tells me also that an old prostatic trouble is much improved.

Another case was that of a man aged 50, who was admitted for treatment February 17, 1916, with a systolic blood-pressure of 270 and a diastolic of 140. He took the treatment for four weeks, gaining seventeen pounds during that time. When discharged his systolic blood-pressure was 200, diastolic 110. In a letter received a few days ago he stated that he was steadily improving, and had ridden in an automobile eighty miles in one day without fatigue.

One patient, a female, single, aged 52 years, was treated more than four years ago. Her blood-pressure was 245. She could not sleep except in the erect position, and had terrific headaches constantly. She could not see well, and could not walk half a block. Since that time she has been running a boarding-house, and has adopted two children. Her blood-pressure taken this summer was 160.

Almost none of these patients took the treatment for more than four weeks, but most of them continue to drink from one to three quarts of milk a day.

Of the eight cases of chronic rheumatism three were cases of arthritis deformans. One of these patients was greatly improved, and one considerably improved. One patient whose case was absolutely hopeless, gained in weight, was relieved of pain, and was sufficiently improved to sit up in a chair after nearly two years in bed. Those with ordinary rheumatism improve greatly on four weeks' treatment. Some of these patients had bad heart lesions.

The results in chronic nephritis are remarkable, the patients gaining rapidly in weight, and the albuminuria frequently disappearing in ten



days. One patient has had no trouble in nearly four years. While it is generally believed that large quantities of fluid should not be given in heart and kidney conditions, my experience has been quite the contrary, at least as far as giving large quantities of milk is concerned.

Under diseases of the nervous system I have included neurasthenia, neuritis, facial neuralgia, and sciatica. All of the patients improved very satisfactorily with the exception of one woman, who could not walk alone. The condition of the latter had never been diagnosed, and while there was but little improvement in her ability to walk, her general health improved and she gained in weight from ninety-one to one hundred and five and one-fourth pounds, or fourteen and one-fourth pounds in four weeks.

Among the cases of chronic constipation, the most obstinate case I have ever seen was that of a patient who has not taken any cathartic since treatment in March of this year. Nearly every patient having chronic constipation has been greatly improved. Ordinary run-down patients always improved.

Three patients were unable to continue the treatment on account of diarrhoea, which complication, although rare, seems difficult to overcome. One of these had a chronic diarrhoea when she entered.

Many patients will be troubled with gas, and a few with nausea and vomiting. We pay no attention to this, but keep on giving the full amount of milk and even increasing the amount. It is surprising how these troubles can be overcome by not "babying" the stomach; however, it requires perseverance and faith on the part of the patient and attendant. A few will not try to overcome the difficulties, and three of our patients left the sanitarium because the treatment was not agreeable.

For success in this treatment the measures which I have suggested must be carried out strictly. Failure to persist will mean failure to secure results.

In summarizing, I may say that the range of diseases amenable to the milk treatment is quite broad, and one of the most important features is the short time required for results, usually from four to eight weeks. The chief advantage is the remarkably short time in which serious diseases can be benefited and the fact that they continue to improve. The name of the treatment is not impressive, but the results are most gratifying in many conditions not benefited by other means. My observations have led me to believe that there is something more to this treatment than a mere building up and washing of the tissues. I am positively convinced that raw whole milk contains some substances, which, when given in large quantities, exert a physiologic or chemical action, probably through the ductless glands, on metabolism that is extremely important; and I venture to say that the discovery of what these substances are, and of easier methods of utilizing the treatment, will mark one of the most important advances of modern medicine. A further reason for this belief, besides those already stated, is the observation follow-

ing a milk diet, of marked and rapid changes in certain pathologic tissues. I do not believe that pasteurized milk will give these results, because, while many constituents are unchanged, certain vitamins or bodies are destroyed, and thus are lost some of the most essential elements required by the tissues.

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## Anti-Tuberculosis Work in a Small City

"THE VISITING NURSE"\*

(By Frank C. Neal, M. D., M.R.C.S., L.R.C.P.)

Peterborough, Ont.

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The subject which has been assigned to me, is Anti-Tuberculosis Work in a Small City, and the part played in that work by the visiting nurse, or sister.

I understand further that the type of city to be discussed is one without a sanatorium for the treatment of tuberculosis, one without a clinic or dispensary, one indeed without an enthusiastic interest by the majority of the people.

It is, in reality, facing the problem of beginning and developing anti-tuberculosis work, where the sole stock in trade is an overwhelming need, and a limited number of people with an interest in the work, and a knowledge of the disease.

In such places, although the need for a sanatorium is very urgent from the standpoint of the physician, still it is possible to accomplish a great deal without a sanatorium, and in fact it is a debatable question whether wisdom is shown in taking this step too quickly.

A firm foundation should first be laid so that there will be no danger of the work going back, when once started. The general public should be instructed regarding the nature of tuberculosis—the method of contagion, its curability and general treatment. From this will follow, under the wise guidance of the visiting nurse, a desire and resolve among those coming in contact with the disease to prevent and eradicate it as far as possible. Further, a philanthropic interest among those able to help from a financial standpoint should be aroused, and steps taken to impress upon the civic authorities a realization of their responsibility for a larger share in the work.

With this groundwork, it will usually be found that a demand for a sanatorium will in good time come from the people themselves; it will then be an institution which will have come to stay, and one which the civic authorities will help to support as a matter of course.

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\*Read before the Canadian Association for the Prevention of Tuberculosis, Quebec, September, 1916.



On the other hand, if under the leadership of a few interested people, a wave of enthusiasm be created, sufficient to raise funds to build a sanatorium, without the necessary foundational work, the great danger exists that the enthusiasm may ebb and the workers find themselves with an expensive institution on their hands, which cannot be kept running because of lack of support.

And as this lack of support is merely the result of lack of knowledge, we find ourselves confronted with the absolute necessity of beginning anti-tuberculosis work by a campaign of education.

Perhaps you will allow me just here to outline for you the steps we have taken in our own city of Peterborough—a city of about 25,000—as the work there is probably fairly representative of what may be done in a city of this size.

In 1911 a few who were interested in anti-tuberculosis work formed a small organization. This was incorporated by letters patent and became known as "The Peterboro Health Association." Soon after, we became affiliated with the Canadian Association for the Prevention of Tuberculosis in order to gain advantage of their experience and secure their literature, which with other leaflets and booklets on the subject, was freely distributed. As a further means of bringing the subject before the people, prominent outside speakers experienced in such work were invited to speak before public gatherings, while local laymen addressed the congregations of the various churches along these lines, soliciting their help and interest. Advantage was also taken of the day set apart by the Provincial Government, when special instruction is to be given on this subject in the public schools, thus reaching the homes through the children.

A little later an auxiliary of ladies was formed, the members of which held a "Made in Peterboro" Fair, by means of which, together with a sale of health calendars and Christmas stamps, over \$4,000.00 was realized. The educational value of this enterprise was kept in sight throughout, and in all departments of the Fair the name of the Peterboro Health Association and its aims were kept well to the front.

Having thus secured a financial start, a nurse was engaged whose services were given free to all tuberculosis patients who were willing to accept them, and on the whole a very satisfactory amount of work was accomplished.

However, this first year's work convinced the association of the inadequacy of having but one nurse, and that one given over entirely to tuberculosis work. In the first place, the old prejudice against having it known that tuberculosis exists in the home was felt, and often people would forfeit much-needed nursing care, rather than have the neighbors see the tuberculosis nurse coming to their homes. Then, too, in her rounds, the nurse saw many general cases urgently in need of nursing care, but as her work was to attend to tuberculosis cases, these had to remain neglected, and as this special nurse's visits disclosed many cases of general disease, so it was seen that a nurse doing general work would



be in a position to report many cases of tuberculosis which otherwise would not be reached. Again, it was thought that if general work were done, it would be easier to gain entrance into all homes, as tuberculosis patients would not feel that their disease was the only one singled out for attention.

The standpoint of the various doctors had also to be considered, and as some were not as interested in tuberculosis work as others, it was felt that more general coöperation among the doctors would be secured if there were a nurse available for general as well as special cases.

It was also felt that the time had come for a more complete organization, for although during the first period a small, carefully chosen committee was given much latitude in order to work out details of administration, it was now felt that a membership society with a small yearly fee, and a general distribution of work, would be advantageous. This would not only mean more friends and helpers, but would also bring in a substantial sum in subscriptions.

Accordingly the association was reorganized, a second nurse was appointed to coöperate with the first, and the work was put on a more practical basis by the appointment of the following committees:

1. *Finance Committee*: (a) To receive membership fees and raise money by other methods; (b) To keep proper account of finances, and prepare annual report.

The coöperation of all the other committees is required for the successful carrying on of the finance committee's work. It is wise where possible to secure the help of the nurses, as their daily contact with the patients gives the work a human interest.

As a proof that the civic authorities here are beginning to recognize their responsibility, the City Council has, during the past year, granted the above committee \$50.00 per month toward buying supplies for needy patients.

2. *The Educational Committee*: (a) To procure and distribute literature; (b) To secure suitable public speakers from time to time; (c) To prepare and give health talks in schools and churches; (d) To keep facts before the public, through the press and in other ways.

In this case, the education committee is also a publicity committee and this part of the work is urgent. Stories and cartoons may be kept running in the daily papers with good effect, and bulletins also have their value. In our association, through the kindness of the daily papers, a report of the work done by both nurses is published at the end of each month. So many social activities come to the public for support and interest, that we must also present our case and abide by the verdict. With us, too, much is made of the annual meeting. Full reports are prepared, interesting lantern views shown, and some special features arranged to attract a good attendance.

3. *Supervision Committee*: (a) To have oversight of work of nurses, meeting monthly for receiving of reports and discussion of plans;

(b) To have purchasing of all supplies, including nourishment, medicines, sputum cups, cots, clothing and tents where necessary; (c) To secure and maintain a room as headquarters, where supplies may be kept; (d) To keep in touch with conditions as found by the nurses in the homes they visit.

It has been said that the cornerstone upon which the most effective nursing has been built is adequate supervision, and while a committee such as the above often renders excellent service in supervision, still their time is necessarily limited, and the aim should be to put the work of the nurses under a special supervision as early as possible. If the association engaging the nursing sisters cannot do so unaided, an affiliation of various societies might together be able to afford such a supervisor.

A well-known central place should be chosen as headquarters, as this will give dignity and importance to the work and enormously increase its usefulness. Thus, under the three headings of finance, education and supervision, the work has since been carried on, and while necessarily imperfect, still much good has been accomplished, and many new avenues of usefulness have been opened up.

For example, it was found that many cases of disease in children were not being reached by either of the visiting nurses, so in the following year a school nurse was appointed by the Board of Education. Since that time there has been gradually developing a system of coöperation among the three factors—the Medical Health Officer, the School Nurse and the Health Association, whereby children reported by the School Nurse as requiring nursing care are reported to the Health Association and by it put under charge of the Visiting Nurse.

On the other hand, contacts in tuberculosis homes, and children who should not be mingling with other children, are reported to the medical health officer and steps taken to isolate such cases.

In regard to tuberculosis among children, it is significant that more and more attention is being put upon this phase of the work, and we are beginning to see that the key to success in combating this disease lies in proper preventive work among children.

McCleave says: "It is now generally conceded that infection with the tubercle bacillus is, in the majority of cases, an incident of early life, and that regardless of the time of development of clinical symptoms, tuberculosis is, in its origin at least, essentially a disease of childhood."

Dr. Baldwin, of Saranac Lake, also says: "Childhood is the time of infection, youth the time of super-infection, and that from the extension of the primary disease."

The nature of work along preventive lines undertaken in various cities will vary largely according to local environment.

During the summer of 1914, our association made a beginning in preventive work by establishing a Day Camp for Children.

Those allowed to attend were children having inactive, incipient tuberculosis, contact cases, and those who were under-developed because of the lack of nutrition.



The site of the camp was a large, natural park with plenty of room, and with a creek running through, which afforded an excellent paddling place in warm weather. A trained nurse was in attendance, and a cook was secured to prepare the food. The children were called for in the morning by a bus, and returned to their homes in the evening.

On their arrival at the camp they were given a light lunch, then under the supervision of the nurse, they played about for a couple of hours. At noon a good, substantial dinner was served, consisting of meat and potatoes, an extra vegetable, and a nourishing dessert of some kind, with plenty of milk to drink. Immediately after dinner, the children all rested quietly for about two hours—some sleeping. The rest was taken in a huge tent with cots supplied with mattresses. Then more play was indulged in before it was time to have their afternoon lunch and go home.

Practical instruction in personal cleanliness was given by the nurse, each child being provided with a basin for washing, towel and tooth-brush. It is noteworthy that the venture was started without funds, but as it served as a demonstration of the necessity of such work, interest was soon aroused, and donations made in various ways sufficient to keep things running. On the outbreak of the war, however, it was found necessary to suspend the work of the camp, but we are looking forward to reopening it, and also to extending this phase of the work to include open-air rooms in our schools.

However, preventive work can never reach its highest efficiency as long as advanced cases are allowed to be sources of contagion.

Francine says: "It is largely children infected by contact in their homes, who furnish later the ever on-coming crop of consumptives."

At present, in Ontario, it is the duty of physicians to report all cases of tuberculosis to the medical health officer. If this is rigidly carried out, even those cases which have no regularly attending physician should be known to the medical health officer, and steps should be taken to see that such patients are not, or do not, remain a source of contagion. In many cases, removal to institutions for their care may be necessary, or where there is no sanatorium or hospital accommodation available, the services of the visiting nurse will likely be required.

Now, before closing, just a few words as to the most important factor in all this work—the visiting nurse.

As far back as twelve years ago, Dr. James Alexander Miller wrote: "It is certainly true that a woman trained in nursing, who has the energy, interest and ability necessary for this kind of work, can do much more than any physician towards ascertaining the exact conditions of affairs, and correcting the evils existing in the homes of tuberculous patients. In no other way could this work be at all complete or satisfactory to the physician, to the patient, or to the community, and that these patients themselves appreciate this fact is evidenced by the warm reception given to the visiting nurse as a friend and welcome visitor in



their homes. We consider her as an indisputable factor in the correct solution of this problem, and as a result of her efforts we can at least say that each case visited is converted from a dangerous focus of infection into a source of accurate and intelligent knowledge in regard to this disease.

Dr. Miller's summing up of the situation has been the experience of many another pioneer worker during the succeeding years.

The work of the visiting nurse has since then grown in scope and usefulness, and all other contributory factors, such as institutional care, dispensaries, educational propaganda and increased knowledge regarding hygiene and sanitation, have reached their highest point of usefulness through her cooperation.

If I were to set down from the physician's standpoint the necessary requirements for an efficient visiting sister, you might say my ideals were too high, but as few enter the field for the monetary reward, it is safe to say that in the majority of those who volunteer for such work, is necessarily the first great essential—a love and sympathy for suffering humanity, a desire to better conditions and bring peace and happiness where turmoil and misery now exist. But with this sympathy must go ability, character, tact, energy and education.

Added to these womanly qualities must also be professional ones, and an untrained, unskilled worker would be next to useless. The efficiency and skill which comes from a good, regular hospital training are invaluable. But even for the woman highly endowed with splendid qualities, to which are added the professional nurses' training, there is a further education necessary to make her work most effective.

I speak of the training or experience which gives familiarity with the material with which she is to work, with the lives, character and habits of the poor in their homes, knowledge of general housing conditions, and of conditions which predispose to disease.

Further, to be able to be most successful, she should be familiar with all agencies intended to prevent or right these conditions, such as knowledge of public law, the benefits which come from schools, churches and charitable societies, and also with agencies provided for direct relief of sick, such as dispensaries and hospitals, sanatoria, etc.

Now just a word as to results. Do not expect too great or too speedy results. Some communities will respond to efforts made more quickly than others, but as sure as seed will grow in proper soil, just so sure will results be forthcoming from honest effort.

It is a rule as old as the world, that nothing is born without travail, and through toil and weariness, self sacrifices and often disappointments in such work as this, is being born the modern developments of charity and medicine.

"Charity," as Dr. Devine says, "in this newer and better sense, endeavors to discover and to abolish the untoward conditions which undermine health and destroy life, which make rational living impossi-

ble and embitter honest toil, helping those who fall by the wayside, but having for its best objective point the removal of the ultimate causes of such downfall."

To cooperate in such a noble endeavor is the privilege and reward of the visiting nurse, and with such cooperation ultimate success is assured.

—The Canadian Medical Association Journal.

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## **Trials of a School Nurse**

(By Muriel Grimmer, R. N.)

Frequently, when visiting a school, we learn that there are several children at home. On looking up their attendance, we find they have lost several days only a short time before, so we visit the home to learn the cause. In many cases the reason is cold, sore throat, ear-ache, tooth-ache, or a stomach disorder. The mother will say, and we hear the same thing many times, "I don't know why it is that my children are sick so much, or why my children have to stay from school." We, in a great many cases, find the main cause enlarged tonsils. Frequently the same children will have adenoids. The mother is told what the condition of the throat is, and many a mother has said, "Well, why is it that so many children now-a-days have tonsils and adenoids—why, we never heard of it when I went to school." Little do they realise, perhaps, that they themselves, are largely to blame for these. Mothers often allow children to acquire the habit of sucking their thumbs, and they will even give them a "comfort," both of which tend to deform the mouth and frequently are the original cause of adenoids. These children suffer in after years for the indulgence of a mother's carelessness in not trying to pacify the child by some other method. These habits are easily corrected in babyhood, and save a child much discomfort in later years.

If, while visiting these children, who have to remain from school with sore throats, etc., it is found that nothing is being done to relieve the child, who is just kept at home till his (or her) throat feels better, and when he goes back to school he is behind in his studies and, although he does his best to catch up with his work, he is unable to do so, physically, and in a few weeks we find that he is home again with another cold. If recommended to see a doctor about the tonsils, the mother will insist, perhaps, that some of her relations had had them and outgrew them. Consequently, she thinks this child will. It is quite true that tonsils and adenoids will become smaller or disappear, but, as Dr. Kelynack says "they leave behind many troubles, which are permanent if not dealt with in childhood. They may be likened to a destructive fire in a house—the fire will go out but it does not leave the house in a good condition."



There is much resistance offered to any suggestion in regard to the removal of tonsils and adenoids, but it has been proved many times that a child who has had them removed, and is taught to breathe properly, and to keep the nasal passage clear by frequent and proper use of a handkerchief, does much better work than a child who plods along, handicapped by the afflictions just mentioned.

It is our duty to instil into the minds of these mothers the great benefit their children will get by having immediate attention paid to these things.

Other times we find the child at home with tooth-ache, or a stomach disorder, from food not properly masticated. Both these things are quite preventable. There is one instance where the old proverb "A stitch in time saves nine" applies. Educating the children to the proper use of a toothbrush should be one of the earliest things taught them, and to teach the mothers to watch the teeth of their children much more closely, and when the first break in any tooth appears to take the child to a dentist and have immediate attention would be an enormous saving both to the child and to the mother's pocketbook. Just an instance as to the way some mothers care for their children's teeth. I called on a woman and advised attention to the teeth of three of her children (she had four in school). She told me that she would have them done alright, but probably before long Joe, the fourth child, would need some attention, as well as her own, so she would wait till then and she and her four children would take the day off and visit the dentist. How often these visits occurred I couldn't find out, but judging from the condition of the children's teeth, they were not frequent visitors to the dentist.

In another case I recommended attention to a six-year molar that had a very slight break in it. The mother said: "Indeed, I'll not go throwing any money away to the dentist." I tried to convince her that it was equal to a bank deposit to have that tooth fixed, but she would listen to no arguments. Said she would do nothing and the child could provide herself with false teeth when she grew up, as she herself had had to do.

I cite these cases to give you an idea of the difficulties, that we come up against. On the other hand, mothers will take advice and go to the dentist, who confirms the report. The tooth is attended to and we have the immediate gratitude of the parent for having saved her greater expense later on, and that of the child who has been saved the agonies of tooth ache and has now a practically good tooth.

Nurses on private duty can be of great service to the school nurse, as many times they are called to homes where there are children attending school. We often have these nurses quoted as authorities, and I am sure, without seeming to intrude, they could give the mother a few words of advice on the care of the children's teeth, and assure her that because the child has never had a tooth where the six-year molar now is,



is no reason why it is only a temporary tooth. This special point seems to be the most difficult one for many mothers to understand.

From early childhood, children should be taught to properly brush their teeth. Their faces are washed and kept clean each day—why should not their teeth be, too?

I feel that, in many training schools for nurses, there is very little taught them about the teeth, and this is an important subject. If the nurses in training could have the opportunity of attending Dental lectures and Clinics, I am sure we would reach a higher plane in this work, for, until they do see the conditions as they are in our public schools, it is impossible to understand them.

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#### TO THE PEOPLE OF CANADA—HELP TO WIN THE WAR

Those who cannot go to the front can help in a most practical way by saving their money and placing it at the disposal of the Government to assist in financing the war.

As an incentive to thrift and greater national saving, the Government of Canada has created an issue of War Savings Certificates, in order that all who are desirous of helping financially, may have the opportunity of doing so.

The Certificates, which mature in three years, are issued in denominations of \$25.00, \$50.00 and \$100.00, and may be bought at any Bank or Money Order Post Office. The prices are \$21.50, \$43.00 and \$86.00 respectively,—that is to say for every \$21.50 lent to the Government now, \$25.00 will be returned at the end of three years. The discount of \$3.50 constitutes a most attractive interest return.

Provision is made whereby the certificates may be surrendered at any time during the first twelve months at their purchase price, after twelve months, but within twenty-four months, at \$22.25, and after twenty-four months, but within thirty-six months, at \$23.25 for every \$21.50 paid. This means that the longer the certificates are held the higher the rate of interest that will be obtained.

Each Certificate is registered at Ottawa in the name of the buyer and, if lost or stolen, is valueless to anyone else. Individual purchases are limited to \$1,500.

For full information apply at any Bank or Money Order Post Office. Buy a Certificate to-day—or start to save for one.

W. T. WHITE,  
Minister of Finance,

January, 1917.

Ottawa.

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One tablespoonful of brown sugar added to two tablespoonsful of flour and three of cold water and cooked, stirring constantly, until creamy, makes a most excellent paste, and is a splendid sizing where wallpaper refuses to stick to a painted wall.

## Miss Cavell's Farewell

(By Roy Temple House.)

(Late of the Brussels Office, Commission for Relief in Belgium)

*Professor House here relates the touching story of Miss Edith Cavell's last hours, as it was told to him by the Rev. Mr. Gahan, the young Irish clergyman of the Church of England, who was summoned to the Brussels prison to minister to Miss Cavell. Mr. Gahan was the last countryman Miss Cavell saw before she was led forth to be shot. Her wonderful fortitude and calm faith made of her a heroine who will always live in the memory of the English people.*

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The Reverend Mr. Gahan, chaplain of Christ church in Brussels, is a cheerful young Irishman of about thirty. He was appointed to his present position early in 1914, and charmed with the prospect of a permanent location in the cozy Belgian capital, he paid a visit to Gloucestershire, England, was married to a young English girl who had been waiting as eagerly as he for this appointment, and settled down happily in the Rue de Facqz. But scarcely had she unpacked her trunks when the news came that war was declared and that the Germans were on Belgian soil. So it came about that the pair have spent all but a few weeks of their two and a half years of married life as prisoners of the Germans. When the conquerors marched into Brussels in the latter part of August, 1914, they arrested all the inhabitants who were citizens of enemy countries. Mr. Gahan was imprisoned with the rest and for two or three days he shared a cell with an English Catholic priest. Then he was released on parole, and since then he has been allowed to move about the city with perfect freedom, on condition that he gives an account of himself once a week at the police headquarters of his *faubourg*.

In normal times there are in Brussels three Anglican churches, an English Catholic church, and a Scotch church. Brussels was a pleasant city to live in, with excellent museums, good theatres and opera, and a comfortable, tolerant population who welcomed foreigners. The cost of living, moreover, was much less than in any large city of England, a fact of which thousands of Englishmen of modest means were glad to take advantage. It happened that the ministers of the other two Anglican churches were out of the country when the Germans took charge of Belgium, and it is needless to say that they have not yet returned. Chaplain Gahan now has all the English speaking people who attend church, and even at that he will have a congregation of not more than a dozen or two in the morning and half a dozen in the evening. His only word from the outside, except what a few of us Americans have brought him, has been one letter from his mother.



The infrequent arrivals from the outside world are naturally greeted by the Gahans not only with Christian kindness but with real interest and delight. I was at first puzzled and then pleased to find in this British citizen an attitude toward the war and toward his German captors which was larger and saner than that of most partisans I have met. His experiences with the Germans had not led him to brand them indiscriminately as rascals, and he seemed to be looking forward to an outcome which would bring, not merely or even entirely, the aggrandizement of England, but the advancement of the cause of Christ. Vigorous patriot as he was, he was no blind jingo. And this was one reason why I found an occasional evening with him and his cordial young wife very pleasant.

During one of the first of these evenings, as we sat and nursed our tiny fire—coal is a luxury in Brussels now, and poor Anglican chaplains cannot indulge in it freely, even when they have guests—there floated vaguely into my mind a statement which the American press had published about an English clergyman who had visited Miss Cavill the night before her execution. I had forgotten the clergyman's name, and it occurred to me to ask my host about it. "His name was Gahan," said the young man quietly. His wife looked up at me quickly from her work on the other side of the open stove, then dropped her eyes again. There was a pause.

He seemed to pull himself together with an effort. I guessed why, but I hope it did him no real injury to tell the story again. "Of course I will tell it, if you wish to hear it," he said. And for an hour or two, with the guns of the battle-line seventy-five miles off to the west rumbling faintly in the pauses, he and his wife, in turn, told me this detail and that of the sickening story.

But it was not all sickening. There is a phase of it which the newspapers touched lightly, but which it is inspiring and encouraging to hear, without any reference to the accident of Miss Cavill's nationality or her partisan sympathies.

She had not been a member of Mr. Gahan's church, but of one of the others. From August, 1914, she had, of course, attended Christ church when she attended church at all, but her work in her hospital kept her so busy that the chaplain had met her only a few times. One afternoon the German military chaplain sent word to him that he was wanted to go that evening to talk with an Englishwoman who was "dying." He had been deeply interested in the imprisonment and trial of Miss Cavell, but he had no suspicion that she was the "dying" woman in question. He was delayed in starting, and when he was finally ready, he was informed that his destination was the St. Gilles prison.

Miss Cavell had waited for him some time, but had finally concluded that he was prevented from coming, and had retired. When she learned that he had come after all, she dressed again and came out to meet him. He was so unnerved by what had been told him on the way—that she



was to be shot the next morning—that he could scarcely stand and that his speech was only a stammer; but the quiet, gray-haired woman who came to meet him was as calm and cheerful as if the next day were to be a day of routine usefulness in her hospital. The hand she offered him was steady and cool, and there was not a tremor in her voice.

They sat down and talked of this and that, even of small matters. But after a time she began to tell him of the trial and the sentence. "I have no regrets," she said. "I did what I could for my country, and I am ready to pay the price. I should certainly do the same thing again if I could. I am sure that in God's sight I am not an offender, for I did what seemed to me clearly my duty. And that is the only thing that matters, my friend—to do one's duty."

So this condemned criminal, within a few hours of her death, sat teaching and consoling the minister who had come to help her. "I know more about life and death and eternity than I ever did before," she said. "It is all clear now. I think I am past all passion and prejudice. I am blaming no one, but I see my own path perfectly well, and I am glad I took the path I did, although it has not always been as clear all the way as it is now. Oh, how little and insignificant they seem to me now, the selfish things we men and women spend our lives struggling for! What happens to you as a result of trying to be useful can't be anything but good, dear friend, and so I know that what will come to me tomorrow morning can be nothing but good!"

In some such words as these did this unflinching Christian heroine set forth her philosophy of life, her vision of the Truth, to the last fellow countryman she ever spoke a word to; and after an hour or two of quiet conversation she rose and gave him her hand again, saying:

"Good night, sir! I must get a little sleep now. God bless you; don't forget me!"

. . . There was another pause. The young chaplain sat and gazed into his little Belgian stove. Then he went on: "I am sure she slept, as she said she expected to." Then he sat up in his chair. "Do you know, sir, that that woman had seen and heard something that has never reached you and me? Something definite, something concrete, I mean, about the meaning and purpose of it all? No man could have spent an hour with Miss Edith Cavell, as I did, no matter what he may have been before, and come out from that prison anything but a firm believer. It was hard—it was horrible—but it was wonderful, sir, wonderful!"

And as I passed the St. Gilles prison the next morning, it seemed to have lost something of its grewsomeness and to have taken on something of the beauty of that great soul which went heavenward from its doors.

—The New York Churchman.

## Edith Cavell's Last Letter

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The following letter from the late Miss Cavell, written on the night before her execution, is translated from the original French and contributed to the N. Y. Hosp. Alumnae News by a Dutch nurse, Miss Van der Hock, who was one of her pupils, and who adds, "God give that the noble words of this letter may enter into the souls of many, and that 'beware of uncharitable speech' and 'try to cultivate loyalty and esprit de corps' may be remembered not only by Belgian but by American nurses. Aren't we all God's children?"

My Dear Nurses: I am writing to you in this sad hour to bid you farewell. You will remember that the 17th of September brought to an end my eight years as Directress of the Training School.

I have been extremely happy to be called to aid in the direction of the work which our committee has founded. On October 1st, 1907, there were only four young pupils. You are now already quite numerous, I believe fifty, including those who graduated. I have told you on different occasions about the difficulties attending our start, even in such details as the choice of words to communicate the hours of service, off duty, etc. All these conditions were new to the profession in Belgium. Little by little one service after another was established; graduate nurses to do private nursing, pupil nurses were assigned to the Hospital of St. Gilles, also the Institute of Dr. Depage, the Institute of Beysinghen, the Clinic of Dr. Mayer, and at present, many are being called, as you all will likely be later, to take care of the brave soldiers wounded in the war.

During the past year our work has diminished, owing to the sad experience we are having, but in happier days to come our duties will increase with new vigor, and with beneficial results.

If I speak concerning the past it is because it is sometimes wise to look behind on the road we have traveled, and to take account of our errors as well as our progress. In your beautiful Institute you will have a greater number of patients, and also all you will need both for their comfort and your own. To my great regret, I have not always had an opportunity to confer with you in person. You know what a burden I carry.

I hope you will never forget our evening talks. I told you that your devotion would bring true happiness, and that the thought that you have done your duty before God and your own conscience will be your greatest support in the trying periods of life, and in the face of death.

Two or three of you will remember our little intimate talks. Do not forget them. Having arrived at mature age, I have perhaps been able to see more clearly than you, and point out the straight path.

One word more. Beware of uncharitable speech. Can I say—loving your country as I do—that it is your greatest weakness? I have seen many unfortunate occurrences in these years that might have been avoided or lessened if certain little insinuations had not been expressed, oftentimes doubtless without any evil intention, but resulting in ruined reputation, happiness, perhaps even the life of some one. My nurses should remember this fact, and try to cultivate loyalty and esprit de corps.

Should any of you have a grievance against me, I pray for your pardon. I may sometimes have been too severe, but never voluntarily unjust, and I have loved you all, much more than you realize.

My good wishes for the happiness of all my young girls, those who have graduated as well as those who are still in the Institution, and thank you for all the kindness you have always shown me.

Your devoted Directress,

October 11th, 1915.

E. CAVELL.

Shot October 12th, 6 a. m.

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#### HONOURS FOR NURSES.

The work of nurses received recognition both in the New Year's and in the Birthday Honours, and on many occasions members of the Nursing Profession have been decorated by the King with the Royal Red Cross, and also with the Military Medal.

A silver badge bearing the Royal monogram and crown, surrounded by the words, "For King and Country. Services rendered," has been approved by the King for issue to officers and men of the British, Indian, and Overseas Forces, retired or discharged on account of sickness arising from military service, and to members of the Military Nursing Service—Regular, Reserve, and Territorial—Queen Alexandra's Military Nursing Service for India, and members of Voluntary Aid Detachments who have quitted the Service under the above conditions. British nurses have been mentioned in despatches, and decorations of various foreign countries—France, Russia, Belgium, Serbia, and others—have been conferred on them.

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The spirit of the French nation has roused the admiration of the world. Men and women were alike full of devotion. Numerous anecdotes were related, illustrative of this, with quotations like: "One has never finished doing his duty"; "We are just a bit of eternal France"; "My body to the earth, my soul to God—my heart to France!"

One ex-ambassador, past the age for official service, joined the ranks as a private soldier. The mother wrote to her son in America: "Your five brothers are at the front. If you do not come back to France now, you need never come!" Such incidents illustrate the idealism for which France has always stood. One soldier said: "I fight that my sor may not have to fight!"—Dr. Stinson in N. Y. Alumnæ News.



## The Care of Sick in Outlying Districts

*Report of a Committee Appointed by the National Council of Women, to Investigate the Need of Skilled Maternity Care for the Young Mothers in the Sparsely Settled Districts, and Presented to the Executive Committee of the National Council. Published by Request.*

(By R. W. Tilley, Convener)

Your Committee are agreed that the need for more medical skill and nursing care in the sparsely settled districts is very great and urgent. Premature deaths have occurred owing to lack of, or delayed medical care and efficient nursing.

Child-bearing is a normal function and theoretically it should not be accompanied by danger or such dreadful suffering as has been depicted. Thousands of women have no other care than they obtain from a kindly neighbor, or what assistance their husbands may be able to give, women have themselves performed the necessary operation to complete the birth, and many successful births are accomplished in this way. This is not an ideal situation, but shows that in normal conditions there is not the terrible suffering and danger; but physical defects and the hard life of the women on the homesteads, in many cases, causes conditions to arise during child bearing which oftentimes not only permanently affects the health of the mother, but also that of her child, or may cause the death of one or both.

It is often impossible for the mothers to stay in bed the requisite number of days. They have sometimes to care for other little ones, make bread, etc., and this frequently gives cause for serious consequences arising from displacement, but owing to the vast distances the stores are remote and the mother must provide for the necessities of life for her family. Various illnesses, contagious diseases and accidents also suffer greatly from lack of proper medical care and nursing, and premature deaths result.

Rich and poor, of whatever nationality, in the thinly settled places of Canada, need more, better, and speedier medical and nursing care.

The Victorian Order of Nurses barely touches the fringe of the problem. A number of country branches have been opened during the past two years and some new hospitals established from which nurses are sent out, and much good work has been done.

The growth of the Order is not fast enough to meet so vast a need, a need which is not confined to one Province, but to all the Provinces of the Dominion. Wherever there are settlers, one family or more, the need is present, and they are usually so poor that it is impossible for them to contribute to a nursing organization. The cost of help given them in sickness must of necessity be covered in some other way. The

care of the sick in the sparsely settled districts is an expensive work, the Victorian Order is not in a financial condition to expand to reach these cases.

Individual efforts have been made by nurses to help the conditions in some districts, but the long distances between patients, and the lack of means of both patients and nurses, the efforts failed.

Under present conditions it is not possible for a doctor or nurse to make in the outlying districts sufficient money to enable them to pay the necessary living expenses.

Our investigations lead us to believe that the providing of adequate medical and nursing care for the young mothers and also for those who suffer from accidents, organic diseases, and fevers (we feel our duty is not complete unless we mention them in this report) is too large a problem for private individuals or an association to deal with. The extension of the Victorian Order of Nurses would greatly relieve the situation but would still leave much to be desired, as the need for more experienced medical skill is as great as that of nursing care.

Some system should therefore be devised. One which would provide medical service, and efficient careful nursing for all cases—maternity, accidents, organic diseases, fever, etc., to all in need, no matter what the financial conditions of the patient may be.

The solution of the whole problem, in the opinion of your Committee, is the provision of small country hospitals, with qualified and competent nurses in charge and medical skill available. The hospital to furnish both nursing accommodation to all patients who can come in, and a home for a staff of visiting nurses who go out to those patients who from various causes are unable to leave their homes.

This is a large scheme and could only be undertaken successfully by the Governments.

The Dominion and Provincial Governments spend much time and money in conservation of animal and forest life, and in assisting agriculture, mining and other industries. They have hitherto overlooked to a great extent the preservation of human life, which is without doubt, the most important of all.

If a man has a sick beast he can claim the services of a veterinary at the expense of the Government, but a sick member of his family is without any such claim.

The Government, Dominion and Provincial, should be asked to provide, medical and nursing care not only for the mothers, but also for the fathers, sons and daughters, in the outlying districts.

In Manitoba the Provincial Government has appointed six nurses for welfare work in the outlying districts. Their work is purely educational, and their object the conservation of child life.

They are also expected to educate the public along such lines as hygiene, prevention of contagious diseases, etc. They will accomplish

much good work if they can teach the husbands and fathers that child-birth, though a natural function, does need care and sufficient rest to make a good recovery. Many women complain that they cannot rest after the baby is born on account of the household tasks. The fathers at such times should do the necessary work and make the bread.

The life of the wife and child of a large number of these settlers is not as valuable in their eyes as it should be. There is need of education along these lines.

In Alberta a free public hospital league has been organized, and it is the intention of the League to petition the Government of Alberta to establish free public hospitals.

The idea is to form a chain of small hospitals, the cost to be borne by a tax of one cent an acre on all lands.

The hospitals to be free as schools are free, kept up as schools are, and placed as schools are placed, wherever there is need, and not more than twenty or forty miles apart.

In closing this report your Committee would like to state they are convinced, that any scheme undertaken to help the sick in the sparsely settled districts, to be successful, must have the authority of the Government as well as its financial aid.

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## Examination Papers of the California State Board

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### *Anatomy*

(Correct Answer Carries Weight of 10%)

1. (a) Name four (4) classes (as to shape) into which bones are divided and give an example of each.

(b) Give the names of the various classes of tissue and state where they are found.

2. Describe the spinal cord. Make a drawing.

3. (a) Name two (2) types of muscular tissue.

(b) State which kind of muscles are generally found in the viscera and why.

4. Name two (2) superficial muscles of the back.

5. (a) What is the function of lymph?

(b) Name and locate arteries from which the pulse rate may be taken.

6. Trace the blood from the left ventricle of the heart and back to the right auricle.

7. (a) Name two (2) kinds of glands and give examples.

(b) Give brief description of the liver and mention two important functions of the liver.



8. (a) What are the organs of respiration?  
(b) What is the function of respiration?
9. Describe briefly the structure of the stomach and state the function of the stomach in digestion.
10. (a) How does the air get to the inner side of the ear drum and why?  
(b) Why is the temporal bone important in surgery?

### *Surgical Nursing*

(Correct Answer Carries Weight of 10%)

1. (a) What instruments should you prepare for an epen-  
dectomy?  
(b) What is a suture? What is a ligature?
2. What is Fowler's position? When is it used?
3. Give in detail your preparation, in a private house, for an as-  
piration of the pleura inclusive of preparation of the patient, room,  
instruments, dressings, and solutions.
4. Give in full procedure of sterilizing the hands before putting  
on gloves to assist at an abdominal operation.
5. Give in detail the administration of normal saline solution  
subcutaneously.
6. Name five (5) symptoms that would lead you to believe a  
patient was having an internal hemorrhage after an abdominal operation.
7. (a) Give in detail your procedure in catheterizing a patient.  
(b) What results are caused by improper catheterization?
8. Where should pressure be made for hemorrhage from the  
(a) arm  
(b) thigh  
(c) foot  
(d) thumb.
9. What as a rule are the four (4) greatest causes of discomfort  
to a patient after an abdominal operation?
10. Define, Compound fracture  
Comminuted fracture  
Green-stick fracture  
Simple fracture.

### *Obstetrical Nursing*

(Correct Answer Carries Weight of 10%)

1. How may you estimate the probable time of confinement?
2. If consulted regarding preparation for birth, what articles  
would you suggest should be provided for the mother, for the baby, and  
for general supplies during and following labor?
3. Define (a) Meconium  
(b) Lochia  
(c) Liquor Amnii  
(d) Vernix Caseosa.

4. (a) Why is it important to have the bowels emptied before labor?
- (b) Why is it important to have the bladder empty during labor?
5. Describe the stages of labor.
6. What care should you give a baby from the moment its head is born, until after it is dressed for the first time, including the clothing you would use?
7. Name six important points in the after care of the mother from the time she is taken to her room after labor until the end of the first week.
8. What is colostrum? Of what value is it to the baby?
9. Name five complications that may arise during the first ten days following labor in connection with the mother.
10. What would you do in the following emergency: Precipitate labor with a breech presentation, doctor temporarily absent.

#### *Medical Nursing*

(Correct Answer Carries Weight of 20%)

1. (a) Name four (4) important points for a nurse to consider in taking a pulse.
- (b) What is a dicrotic pulse?
- (c) What is an intermittent pulse?
2. (a) Name three (3) points you should observe in douching an ear.
- (b) Give nursing care of a patient suffering from nervous exhaustion, include diet and daily habits in you answer.
3. (a) Name four (4) important points you observe when filling a hot water bag.
- (b) Name four (4) important conditions that may cause a chill.
- (c) What particulars in regard to a chill should be charted?
4. Give in detail how you would give a cold sponge.
5. (a) Give menu of two different test breakfasts.
- (b) How should each be given?
- (c) When and how should each be removed?

*(To be continued)*

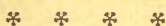
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St. Luke's Hospital, one of the largest in Spokane, Wash., was partially destroyed by fire recently. Soon after the fire started the firemen reported that all of the patients had been removed safely from the burning building. Between eighty and ninety patients were in the building. The loss was estimated at \$40,000.

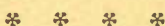
## Editorial



The Editor was pleased to receive a copy of "the very latest" in nurses' magazines. We refer to "Fragments of the V. G. H.," a quarterly published by the Junior Class of the Vancouver General Hospital. It is a very interesting number with its clever caricatures and general contents. The good wishes of the "Canadian Nurse" go to this new venture.



Saskatchewan has been fortunate enough to get her Registration Bill passed. A review of the bill will appear in an early number. Each Province getting this recognition by the law-makers of the need for protection of the public by registering only qualified nurses, helps the rest of the Dominion to keep up the constant struggle against wrong impressions so often held not only among the laity, but alas among our fellow-workers—the doctors. It is easy enough to get "a" bill through if it means nothing, and has no standard. Better no Registration than one which means nothing, and which does not set a standard for training schools. Let us keep to all that Canadian nurses have stood for, and in the end we must be recognized. In the meantime use every opportunity to convince the people you meet that they want the best nursing possible for their own families, and at least a registered nurse must have had the training, though unfortunately that does not always make a real nurse.



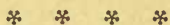
It is hoped that all nomination papers for the C. N. A. are in by the time this reaches you. Do realize the importance of putting in women who are interested and who will work for the whole Dominion, and not any one section.



At this time when every Canadian woman thinks and does little except for "our cause," it seems only right that the first thing to be brought before your attention this month is an appeal from the Queen Alexandra's Imperial Nursing Service. Miss Gunn, who has charge of applications in Military District No. 2, has recently written: "There has been another urgent call for nurses for the Imperial service under the Q. A. I. N. S. So many nurses stated that if ever nurses were needed they would go at once. I think before long the call will be more urgent still, and I think the nurses should be willing to serve for one year, as that is all it calls for." On page 167 you will find the circular sent out, giving the required information. The salary is small, and doubtless there are some who cannot, owing to other responsibilities, accept this "call to arms," but many could do it for a year and fill the need for skilled nurs-



ing. One nurse, usually the Superintendent of the largest school in each Province, has the selection of nurses from her district, and all information can be had from them.



This little extract from the Thomasville (Ga.) "Times" came to the Editor's notice one day, when several letters came complaining of the non-arrival of the magazine. "If you see an editor who pleases everybody, there will be a glass plate over his face and he will not be standing up." In investigating these complaints, it is often found that the subscriber has changed her address and has omitted to let this office know. Nurses are such migratory persons that in some cases three changes of address were attended to inside of three months. The editor also asks if when renewing and the expiry slip is not used, that it is stated that it is a renewal, and the date of expiry given, if possible.

To give an instance of the difficulties of the work in this our first year, it might be interesting to know that two weeks ago the Editor received from the former publishers a cheque for quite a sum of money, together with letters sending money, requests for sample copies, renewals, etc., dating back to September 27th, 1916. To say that this had given people a very bad impression of this office is to put it mildly. A request was sent to the Post Office as soon as the change had taken place in the Autumn, and how mail was still being sent and delivered to the former publishers is a question. We feel this very keenly, and are offering this explanation to many who have written repeatedly about money sent by them to the magazine, and not received by me.

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#### WHEN WILL THE WAR BE OVER?

Absolute evidence I have none,  
But my wife's aunt's cousin's son  
Heard a policeman on his beat,  
Say to a housemaid in Downing Street,  
That he knew a man who had a friend  
Who knew when the war was going to end.

—Miss Maxwell, in N. Y. Alumnae News.

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#### EVERY-DAY HELPS

Warm lemons before squeezing them and twice the juice will be obtained.

Dry flour applied with a newspaper is an excellent and easy way to clean tinware.

Place crumpled tissue paper in the bottom of the jar and your cookies will keep fresh and crisp.

Keep candles on the ice for a day before using on a birthday cake, and they will burn slowly and evenly.



## ANNUAL REPORT OF THE DUNDAS DISTRICT FOR 1916

In presenting this the Fifth annual report of the Dundas Branch of the Victorian Order of Nurses, the Board of Management is proud to report to you the most successful year in a series of steadily progressive ones.

During the year 1916, there were held ten monthly meetings and one special. In July and August the meetings were dispensed with because so many of the Board of Management were out of town. These meetings are open to the public and we should be glad to have people interested enough to attend and show by their presence sympathy with the work. Miss Hall, Assistant Inspector, made one inspection during the year and summed up her report of the work done by the nurse as "splendid." She found all books in good order.

Glancing over the statistics contained in the preceding annual reports of both nurse and treasurer and comparing them with those of the year just closed, we feel we have splendid cause to rejoice at the very appreciable progress in the work this year and in the increased receipts in fees and we are stirred with fresh vigor to embark on the adventures of a new year.

In the nurse's report we note an aggregate of 1649 visits made during the year, as against 1455 in the preceding year—an increase of approximately 200 visits, and when one considers 1649 visits made by one nurse in a town of plenty of lengths and breadth and limited transportation, we can imagine it has been a case of tramp, tramp, tramp—the nurse goes marching, and so it has been for the major portion of the year. I might here add to banish misconceptions that creep in from time to time, the services of the Victorian Order nurses are not confined to the poor, nor to those of limited means, but are available for all classes, the only condition being, that in times of pressure of calls the needy must be given preference.

The Metropolitan Life Insurance Company work goes on most satisfactorily, the receipts in fees for the year from this work amounting to \$82.75 as against \$56.70 last year. This work is gratifying both to the Insurance Company and to the Victorian Order. For the benefit of those who may not understand our connection with this work, let me state the Metropolitan Life Insurance Company have an arrangement with their policy-holders in the industrial department, whereby, in case of sickness, nursing service is provided free and wherever possible they have placed this work under the care of the Victorian Order.

In addition to nursing, child welfare, casual and pre-natal visits, there were 72 school inspection visits made, the enrolment of pupils being 670, which is 129 in excess of the previous year, and this has meant a substantial increase in work for the nurse in her monthly examinations. That these visits have been productive of untold benefits, we are assured by physicians, parents and teachers, who heartily appreciate the work and realize its far-reaching effects on the health, habits and morals of children. However, this phase of the work is only in an initial stage in Dundas.

At the time of the inauguration two years ago, it was a tentative measure with the school board and they felt it necessary to move cannily, so that but a small appropriation was made to carry on the work and little or no equipment for carrying it out. The Victorian Order gladly took up the work, it being one of the specialties of the Order. The nurse accepted conditions as she found them, adjusted herself to the material at hand and has labored most zealously to give the very best service commensurate with time at her disposal.

The Board of Management has always cherished the hope that when the test had been tried out the desire for greater efficiency would impel the school board to see the inestimable benefit of broadening out the work and so increase their appropriation that we should feel safe in installing another nurse, whose work would be largely school work. We are sure the school board realize as we do that the best results cannot be obtained without follow-up work to clinch results, especially with indifferent and ignorant parents, and follow-up visits are great consumers of time, often requiring the skill, courage and tact of a finished diplomat in order to uproot deep-seated prejudices and overcome violent opposition, consequently the introduction of this phase of the work would necessitate an extra nurse and an appropriation in proportion to services rendered, but the results would be in inverse ratio to the expense.

We had hoped that something might have been accomplished along this line during the past year, but this disastrous war has so diverted the minds of the people and the demands on public sympathy and generosity have been so numerous and imperative, we felt the time was inauspicious to move unless some fairy godmother with the traditional pot of gold should loom on the horizon. We know many of the school



board individually feel the time is ripe for extending the school work and that the urgency of physical fitness, in these days of such rapid decimation was never more compelling, and, it may be, something will be done in the near future to increase the efficiency of school work, which is so vital to the after life of the community.

In connection with the school work we cannot speak too highly of the splendid assistance given by Dr. Lauchland. - He gave of his time and skill freely and heartily co-operated with the nurse so that the best results might be attained and not only we, but the community at large, owe him a debt of gratitude.

The treasurer's report for the year is most re-assuring and it is very encouraging to enter upon a new year with such a promising balance. Our nurse's receipts in fees totalled for the year \$559.95, which shows a gain of \$144.55 over last year's receipts, notwithstanding 109 patients were attended free of charge and a few of the soldiers' families at a trifling fee. It is certainly a handsome total and redounds to the popularity and appreciation of the nurse's services.

One gratifying incident of the year was the bequest of \$1000.00 to the Victorian Order by the late Mrs. J. B. Grafton, this sum to be invested and the yearly interest applied to the upkeep of the Dundas Branch. We are also indebted to the Town Council for a grant of \$125.00, which was most acceptable. This was our first municipal favor and we hope for many repetitions.

In conclusion the Board of Management wishes to express the hearty appreciation of the very excellent work done by Miss Parker throughout the year. Its thanks are also tendered to the medical men who have so kindly co-operated with the work, to the Town Council, the School Board, to Mr. C. Moore for the courtesy of his columns and to all its generous subscribers whose sympathy and support have enabled the Board to carry on the work and without which assistance, even in time of prosperity, it could not manage, since the nature of the Victorian work is benevolent primarily and "the poor we have always with us."

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

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I will look straight out—

See things—not try to evade them.

Fact shall be fact for me,

And the Truth the Truth forever. —A. H. Clough.



### **The Canadian Nurses' Association and Register for Graduate Nurses, Montreal**

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.

Second Vice-President—Miss Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Club Room, 638a Dorchester Street West.

Mrs. Henderson addressed the members of the Canadian Nurses' Association on Tuesday evening, February 6th, and told them something of her visit to the hospitals at the Front. The time was so limited that she could only take us a short distance, but the journey is to be resumed, when we hope to hear more of her very interesting experiences.

She told us of her visit to St. Dunstons' where the blind soldiers do so much of the work—gardening, typing, carpentering, etc. Col. Lister has been the means of restoring so many blind in No. 8 General Hospital, yet he could not do it for his own son. His was a hopeless case. He has made others to see through their fingers and the blind and helpless are all learning something that their hands were never built for.

Lady Drummond gets in touch with the Canadians and sends a visitor to them who in turn keeps in touch with their relatives. She has been so wise in her efforts to avoid and desecrate all plans of segregation, for if all the Canadians were in one place the district would not be large enough to supply the men with visitors to look after their interests, which alone would be the means in many cases of retarding recovery, to say nothing of the hindrance it would be to the fostering of that spirit of Imperialism which we all want to see strengthened.

The wards in many hospitals are under-staffed. We heard of one ward of 40 patients, all needing special treatment, and only one nurse to do it all. Of other hospitals where 65 nurses looked after 1800 patients; and one could not help wondering *why? why?* when there are so many nurses anxious to help.

The cases of shell shock, where any sudden noise meant the going through the agony of the trenches over again. The awful wounds and shattered bodies—of the case where in taking off the clothing the leg

came too—and the wonderful work that was being done to restore these—of one man whose face had been shattered, the lower jaw gone, and four teeth hanging from part of his upper jaw. Part of a rib had been used to replace the jaw bone, and the face had been built up gradually from that until the work of restoration was so perfect that the man could show with great pride a photograph of himself taken before the war, to let one see how wonderfully like his former self he really was.

Mrs. Henderson spoke too of the hospital where 400 German prisoners were being treated—and their utter astonishment in receiving such care as was bestowed upon them. Of the wonderful cranes and splints that had been devised whereby the injured limbs could be moved with so much ease both to the patient and the nurse. In a ward of 52 patients there were only two nurses.

The love of the French people for their country, and their spirit of self sacrifice were beautiful to witness. Everything goes into the National Treasury. They are not getting rich on the war!! but are impoverishing themselves in order to help bring victory nearer.

H. A. DESBRISAY, *Secretary-Treasurer.*

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#### HOSPITAL MEMORIAL TO CAPT. TRUMBULL WARREN.

As a fitting memorial to their late president, Capt. Trumbull Warren, son of Mrs. H. D. Warren, "Red Gables," Wellesley street, and a member of the 15th Battalion, 48 Highlanders, who gave his life at Ypres, Belgium, on April 20, 1915, the employees of the Gutta Percha & Rubber Manufacturing Co., through their president, Mr. C. N. Candee, have presented the Superintendent of the Toronto General Hospital with \$5,000, for the purpose of endowing a bed.

The bed, which has been placed in one of the men's surgical wards, bears a brass plate inscribed as follows:

"A memorial to Capt. Trumbull Warren of the 15th Battalion, 48th Highlanders, killed at Ypres, Belgium, April 20, 1915. Endowed by the employees of the Gutta Percha & Rubber Manufacturing Co."

The bed will be used as far as it is possible for soldiers only.

—Toronto Globe, January 5th, 1917.

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They came from the land of the maple leaf, of sunshine and rolling plains;  
East and West nobly stood the test, for the parent-blood coursed through  
their veins;

They did not shirk the arduous work, for they bore the Motherland's  
stamp;

One request did they ask, just to take up the task of "The Lady of  
the Lamp."

—From verses by Cpl. Franklin, in "Canada."



## The Nurse's Library



*Outlines of Nursing History.*—The main and only objection to using as text-books the Histories of Nursing that have been in use, has been their size, and this has been avoided in Miss Goodnow's book. The subject has been neglected in the Curriculum in the past and this gives the schools a chance to obtain for their classes a clear, condensed history of nursing which every teacher will welcome. In addition to the History of Nursing, the chapters, "Great Movements in which Nurses are Concerned," "Nursing in the recent European War," "Nursing Organizations, Nursing Magazines," and the final one on "Vocational Opportunities for Nurses" are most interesting. By Minnie Goodnow, R. N., formerly Directress of Nurses, Milwaukee County Hospital; formerly superintendent of the Woman's Hospital, Denver, and of the Bronson Hospital, Kalamazoo. 12mo. of 370 pages, with 88 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, \$2.00 net. Canadian agents, The J. F. Hartz Co. Limited, 24-26 Hayter Street, Toronto, Ont.

*The Care of Gynecologic Patients.*—A small volume by E. E. Montgomery, M. D., Professor of Gynecology in Jefferson Medical College, Philadelphia, dealing with the subject from the Intern's point of view rather than that of the nurse, though this book will make her work in the operating more interesting and more intelligent. The plates showing the instruments for each operation are very clear, and will be of great help. It is said that a nurse has to be a patient first in order to be a really good nurse, and the author's foreword shows that he saw the patient from another point of view. 12mo of 149 pages, with 61 illustrations. Philadelphia and London agents: W. B. Saunders Company, 1916. Cloth, \$1.25 net. Canadian agents, The J. F. Hartz Co. Limited, 24-26 Hayter Street, Toronto, Ont.

*Applied Bacteriology For Nurses.*—A valuable book for the training schools, particularly the smaller ones. The teacher in them will find the demonstrations at the end of each chapter of the greatest value. So many books are planned for the school equipped with everything needed for the teaching of the pupils, and few realize the good work that is done in the smaller schools where the busy superintendent is often the only teacher. To her this book will give a helping hand. By Charles F. Bolduan, M. D., New York, second edition. 12mo. 188 pages, illustrated. Philadelphia and London agents: W. B. Saunders Company, 1916. Cloth, \$1.50 net. Canadian agents, The J. F. Hartz Co. Limited, 24-26 Hayter Street, Toronto, Ont.

## Hospitals and Nurses



### LABRADOR

A brief account of Dr. Grenfell's Hospital at Harrington may be interesting to many nurses. It is situated on Hospital Island, the largest of the Harrington group. This island is about four miles from the mainland. It has on it in addition to the hospital, the Doctor's residence, Anglican and Presbyterian Churches. Connected with the hospital is a store to which the people bring fish and other produce, and in exchange get second-hand clothing, etc., which friends of the work send in. No money is accepted for these. The fully equipped hospital is under the care of Dr. West, formerly of Moncton, N.B. When he is absent on his trips up and down the coast, it falls to the lot of the nurse to act as both doctor and nurse as occasion requires. The staff is composed of the doctor, nurse, three maids and two men. The doctor travels up and down the coast for a distance of 300 miles, in the winter by dog team, and in the summer by a motor boat. They lost the larger of the motor boats last October. On returning from a trip it ran aground on a shoal and was a total loss. There are about 200 inhabitants on the island engaged in fishing in summer, and trapping in winter. They are very industrious, and have adopted all the modern methods of fishing, and a great many of the people have motor boats. In the winter the chief food consists of birds and rabbits. The women weave and make very fine hooked mats. The climate is ideal in the summer, and the chief drawback in winter is the infrequent mail, which comes on an average of once a month. All winter travelling is done by dog team, the mails being brought in the same way.



### NEW BRUNSWICK

Miss Elizabeth Jones has resigned the position of Assistant Superintendent of the General Public Hospital, St. John, and Miss Mildred Akerly has taken her place.

Miss Hegan's Private Hospital has been turned into a Military Hospital for contagious diseases. Miss M. Compton (G.P.H. 1916) is in charge, and Miss Baskin (Chipman Memorial Hospital, St. Stephens, is her assistant.

Mrs. Richards, former Superintendent of Victoria Hospital, Fredericton, has accepted the position of Superintendent of Mirimichi Hospital.

Miss Theresa Colwell, who has been doing private nursing in St. John, is now doing district nursing.

The St. John Association for the prevention of Tuberculosis is doing most excellent work. It was organized in 1909, and has a staff consisting of three doctors and a nurse. They provide a dispensary where patients are examined and treated free of charge. In addition there is a "milk and egg" fund which provides poor people with these necessities. Miss Sarah E. Brophy, the nurse in charge, is a graduate of the G. P. H., and when not on duty at the dispensary, visits the patients in their homes, instructing them, and in reporting to the local Board of Health any unsanitary conditions found.

It is with regret that the death of Miss E. P. Hegan is noted. She was a daughter of the late John and Eliza Hegan, and had devoted all her life to hospital work. In the days before the great fire of 1877 her father was one of the leading merchants of Prince William Street, in St. John, N. B.

The deceased was one of the first graduates of the Public Hospital and shortly after graduation went to Fredericton. She spent about six months there as superintendent of the Victoria Hospital, when she returned to St. John to become superintendent of the Public Hospital. After a four years' service she went to New York, where she spent three years as night superintendent of the Polyclinic Hospital. Yielding to the solicitations of prominent medical men of St. John, she returned to her native city and opened the St. John Private Hospital on Hazen Street. A few years later, needing more accommodation, she purchased the building on Pitt Street, on the southern corner of Princess Street. She took great interest in the betterment of conditions for the nurses, and greatly helped the organization of the Nurses' Association. For a period she was President of Public Hospital Alumnae. In the various positions Miss Hegan held, the arduous duties were discharged with zeal and fidelity, and with great success. She was thoroughly devoted to hospital work, and her associates and others seeking her valuable assistance always received a kindly welcome and prompt attention. The deceased enjoyed a wide popularity and her death will be a distinct loss to the nursing profession. She is survived by one sister and three brothers, Miss Sarah A., of Charlottetown; James B., of Charlottetown; George B., of St. John, and John P., of Sudbury, Ont. The funeral will take place Tuesday afternoon from St. Stephen's Church.

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#### QUEBEC

The colleagues of Nursing Sister L. W. Burns (wife of Colonel G. E. Burns, R. V. H., of the Canadian Army Guards), will unite in expressing to Colonel and Mrs. Burns their cordial congratulations on the award of the Military Cross to their only son, Lieut. Edson Louis Millard Burns, of the Canadian Engineers. In addition to organizing and running the signal lines, he personally laid and repaired armoured cables under very heavy fire, displaying great courage and coolness throughout.

Sister Lillian Pidgeon (R.V.H. 1913), now at No. 3 Canadian General Hospital (McGill) has been mentioned in the despatches.



Sister Maud Austin (1912) has returned to duty at No. 3 Canadian General Hospital (McGill) after illness and convalescence in England.

Mrs. F. H. MacKay (Marion Crowell 1911) and Miss Gladys French (1914) left Montreal January 31st for overseas service.

Letters to Sisters F. H. Wylie and Gertrude Squire, A. M. C., addressed care Bank of Montreal, 9 Waterloo Place, Pall Mall, London, Eng., will always be forwarded. The last heard of Miss Squire she was in a little log hut in the Carpathians, having had a most wonderful journey through part of the enemy territory, and Miss Wylie was leaving for a casualty clearing hospital in France.

Women's Hospital, Montreal—Graduates for 1916—Misses A. Sholit, A. Wood, H. MacVicar, E. M. Calverley, and Mrs. Kirke.

Miss Sholit has not been in good health for the last three or four months, and has been doing light work in the Sanatorium at Ste. Agathe.

The Alumnae Association sent Christmas boxes to the three nurses at the front, and letters of thanks have been received for same.

We are glad to let our friends and helpers know the Women's Hospital Bazaar under the Alumnæ Association was a success.

Miss E. H. Nagle (class of 1916) who has been appointed Assistant Instructor of Probationers at Mt. Sinai Hospital, New York, is spending the month of February with friends and relatives in Ottawa.

Miss Josephine Armstrong, class of 1912, who has been for the past two years at Queen's Canadian Military Hospital, Beachborough Park, returned by the Missanabie and arrived in Montreal on February 10th, after an exciting experience passing through the danger zone.

Miss Beatrice Sanderson, class of 1916, writes from No. 1 Canadian General Hospital that she is the only R. V. H. nurse there, Miss Black having been sent to England on sick leave. She mentions a visit from Nursing Sister E. Carpenter and other R. V. H. friends, who are only eighteen miles away at McGill.

Miss Jean MacKenzie, class of 1916, of the Q.A.I.M.N.S., who is in Farnham, Surrey, England, has met with sad trouble. One brother has been killed in France; another seriously injured in hospital, having lost one eye, had both jaws fractured and other minor injuries, but is doing wonderfully well. A third brother who was in England on leave met Miss MacKenzie after her arrival there.

One of our nurses writes as follows from "Somewhere in France": "It is horribly cold here now, the ground is like iron, and water very scarce on account of the pipes being frozen. Getting up and going on duty in the morning is a nightmare; the wind goes through everything one can put on, but we think of the poor men in the trenches, and do not grumble. Personally, I am very lucky, for I am working in one of the nicest wards, in a building which is much warmer than the huts. In this ward there are one hundred and two beds, with three Sisters. One looks

after all the dressings with the Ward Master to help; another makes the beds, and the third is Charge Sister. We work hard, but in comfort, as it is all under one roof, and we change work every week.

Miss L. O'Reilly, class of 1916, has gone to Boston to take a post-graduate course in Metabolism.

Miss Edith Stuart, class of 1904, who is with No. 3 Canadian Hospital (McGill) has been in England for fourteen days' leave, one week of which she spent in the Isle of Wight, and the rest of the time in London, all of which she was enjoying immensely.

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### ONTARIO

Interesting letters have been received from Toronto nurses who have received the Christmas parcels sent to the T. G. H. Alumnae Association.

"Please accept my sincere thanks for the delightful surprise which arrived last night as fresh as if it had been posted the day before. Christmas cake, chocolate, Scotch bread all as sound as when they were packed."

"The maple sugar we had at dinner tonight, and the English and Australian sisters think Canadian Maple sugar very good."

"You do not know how much we appreciate these gifts from our friends in "Canada." You know I think that is the largest word in the English dictionary now. You need to come over here to appreciate all it does mean."

A special meeting of the G. and M. Hospital Alumnae Association for election of officers was held at the residence of Miss Irene Forham. There was a good attendance and after the meeting tea was served by Miss Forham, assisted by Miss Beaton, and a pleasant hour was spent.

The Annual Meeting—the first since election of officers for 1917—was held at the Hospital with Miss Sims presiding in the chair. After the usual business, tea was served and the meeting adjourned.

Nursing Sister Jean Sword '14, who for the last two months has been home on furlough, left recently for Overseas.

We are glad to welcome Nursing Sister Kate Wilson (1910), who is home on furlough for a few months.

The many friends of Mrs. A. W. McClintock (nee Roman), class '19 will be pleased to know that she is recovering after a serious operation, and will soon be able to return to her home in the West.

Nursing Sister Olive Kilbourne of Owen Sound is on furlough. Miss Kilbourne is a graduate of the Post Graduate Hospital, New York.

Miss Florence H. Dolson, Graduate of School for Nurses, Toronto General Hospital, class 1915, and for two years Instructress of Nurses in the Toronto General Hospital, has gone to active service with the Queen Alexandra's Imperial Nursing Service.

Miss Gladys Cameron, class 1911 H. S. C., Toronto, who spent the summer with her family in Bala, returned to New York in November. She has accepted an important position. Miss Cameron formerly held a position at the Hospital of the Rockefeller Institute, N. Y., for several years.

Miss Mary Aitken, president of the H. S. C. Alumnae Association and Mrs. Rogers (nee Miss Alice Barnes) class '14, H. S. C., who were operated upon for appendicitis in the Toronto General Hospital, have each made a most satisfactory recovery.

We are glad to report that Mrs. Stanley Adams (nee Miss Ethel Freeland, H. S. C.) has recovered from a recent illness.

Miss Grace Gowans, H. S. C. is engaged in post graduate work in the Women's Hospital, New York.

Miss Marion Winter, who has severed her connection with the Department of Public Health, Toronto, has just completed a post graduate course in the Toronto General Hospital and is now doing private nursing in the city.

Nursing Sister Marion Ruddick is engaged in transport duty and expects to arrive in Canada very shortly in care of a number of soldiers, who are invalided home.

Nursing Sister Hazel Frank (H. S. C.) who has been on duty in the Queen's Canadian Military Hospital, Shorncliffe, is now home visiting her mother. She expects to return to England about the first of March.

On November 17, 1916, in the Nurses' Residence of the Hospital for sick children, the exercises of the Graduating Class of 1916 were held. Following is the programme:

Invocation, Rev. Canon Plumptre; address with report of the Training School, Mr. J. R. Robertson, Chairman of the Trust; address, the Hon. W. J. Hannah, K. C.; distribution of Diplomas and Medals, Mrs. Clarence L. Starr; awarding of Scholarships, Dr. R. A. Reeve; presentation of prizes, Dr. Allan Baines. "God Save the King."

The exercises took place in the large reception room which was prettily decorated with flags and flowers, while the sitting, music, and library rooms were simply filled with beautiful flowers, gifts to the members of the graduating class, sent by friends and relatives. The whole lower floor was devoted to the function and was truly a pretty sight.

The exercises were opened by an invocation by Canon Plumptre, after which the Chairman announced the opening of the exercises, also giving a very interesting outline of the progress of the training school since its organization, and of the work it is doing at the present time.

The annual report of the Training School, by Miss Potts, was then read. In this report it was stated that with the graduating class of 27, the number of graduates of the school is 340. Of these 25 are on active military service in Europe and the names have been placed on our honor roll.



The Hon. W. J. Hannah, in his address to the graduating class, pointed out that the amount of success each would gain, and the degree of proficiency to which each would attain, would depend largely on her own efforts and character.

In the absence of Dr. C. L. Starr, Chief Surgeon on the staff, who is now on active military service in England, Mrs. C. L. Starr presented the diplomas and medals in the graduating class as follows: Edith A. Hodgson, Elma, Ont.; Mary Ingham, Toronto; Endora M. McBride, Lockport, N. Y.; Grace A. Mitchell, Hagersville, Ont.; Gladys J. Rippon, Woodstock, Ont.; Susie M. Smythe, Toronto; Marion G. Starr, Toronto; Daisy Watson, Huntsville, Ont.; Wilhelmina Adam, Toronto; Ethel T. Barnard, Montreal, Que.; Mary T. Burgess, Leamington, Ont.; Florence Hart, Steelton, Ont.; Sadie L. Jardine, Kemptville, Ont.; Dorothy N. MacMillan, Belleville, Ont.; Mary T. O'Hara, Ottawa, Ont.; Annie K. Pears, West Toronto; Glenna Rooke, Toronto; Reta Sutcliffe, Barrie, Ont.; E. Beatrice Buchanan, Toronto; Isabel V. Butchart, Edmonton, Alta.; Catherine M. Cameron, Lancaster, Ont.; Alice O. Cook, Mount Forest, Ont.; Emily G. Greenwood, Ottawa, Ont.; Jean M. McLennan, Campbellton, N. B.; Marjorie W. Somon, Chatham, Ont.; Marion C. Starr, Toronto; Laura W. Vrooman, Toronto.

Dr. R. A. Reeve presented the scholarships to Miss Mary Ingham, Toronto, \$50, first division of class; to Miss Annie K. Pears, \$50, second division of class; to Miss Isabel V. Butchart, Edmonton, Alta., \$50, third division of class.

These scholarships were awarded for general proficiency and highest marks in examination, professional conduct and general deportment during the three years' course. The address that accompanied the presentation of the scholarships was much appreciated.

Dr. Allen Baines, in presenting the prizes, dwelt at length upon the work of the school, both from a theoretical and practical standpoint. Having been connected with the Hospital for Sick Children for a number of years, Dr. Baines has shown a keen interest in the training school. The prizes were given to those who had received highest marks in examinations. First Division, Miss Marion G. Starr, Toronto, Ont.; Second Division, Miss Mary O'Hara, Ottawa, Ont.; Third Division, Miss Marion C. Starr, Toronto, Ont.

The formal proceedings were concluded by the singing of the National Anthem, after which the Chairman invited the audience to adjourn to the dining room, where refreshments had been provided. The remainder of the evening was spent in dancing, and a very delightful evening was brought to a close.

According to mail advices, Miss Edith Mayon, who recently resigned her position as lady superintendent of the Queen Alexandra Sanatorium here to go to England at her own expense and volunteer her services as a nurse, is now in the British War Office. It was found that she could take over work that a man was doing who wanted to be re-

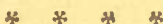
leased in order to go to the front, and she accepted. Miss Mayon is an Englishwoman, but has lived in Canada many years. She came to the Royal Victoria Hospital, Montreal, as Head Nurse when that institution was opened in 1894; later became Superintendent of Victoria Hospital, London, Ontario, and for some years was in charge of one of Dr. Grenfell's hospitals on the Labrador Coast.

#### KINGSTON

The regular meeting of the Kingston Chapter of the G. N. A. O. was held Tuesday afternoon, February 6, at the Nurses' Residence, with about twenty-five present. The chairman, Nursing Sister Gussie Wright, presided. The minutes of the last meeting were read by Miss Fairlie and approved. The usual business was transacted and among other things it was decided that each member would provide comfort bags for the Red Cross. Also two nurses were appointed to visit sick nurses on behalf of the Chapter for the next two months.

Nursing Sister Wright made a few remarks in regard to her appointment as Chairman, and of the work she wished to accomplish during the year.

Miss McCallum, the Kingston School Nurse, gave an interesting address on "School Nursing" after which the meeting was adjourned.



#### ALBERTA

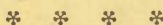
The Military authorities have taken over the Strathcona Hospital, Edmonton, for wounded returned soldiers.

Miss McMillan, R. V. H. '04, has accepted a position in the Royal Alexandra Hospital at Edmonton.

Miss McRae, Miss Leila Batty and Miss Myrtle Gray, graduates of the Royal Alexandra, are overseas. Miss McRae and Miss Batty are at Shorncliffe, and Miss Gray is with the Q. A. I. M. N. S. in the Malta district.

Miss Olive Ross, R. V. H., is also in at Malta.

A bill which is interesting to the nurses in Alberta is before the Legislature. It is to provide for rural hospitals wherever they are needed.



#### BRITISH COLUMBIA

Nursing Sister E. L. Craig, (grad. Vancouver General Hospital) who for the last two years has been on active service in France, with the Q. A. I. M. N. S. R., has been obliged to resign on account of ill health. Miss Craig was with the Clearing Casualty station at Poperinghe while it was shelled by the Germans for three days, and was among those mentioned in dispatches by Sir John French, "for gallant and distinguished conduct in the field."

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**HAMILTON - ONTARIO**



The new Westminster Graduate Nurses' Association has arranged to furnish a bed in the Military Wing of The Royal Columbian Hospital. Owing to the absence of so many of the members, the Association found it easier to raise the amount by voluntary subscriptions amongst its own members than by undertaking any entertainment or social function.

On February 16th, the Nurses in Training of the Royal Columbian Hospital gave a social evening in the Nurses' Home. The evening was pleasantly spent in cards and dancing until 12 p. m. The proceeds, which amounted to \$20.00, will go towards the furnishing of a bed in the Military Wing of the Hospital. Arrangements are being made for another evening to complete the amount necessary for one bed.

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### Births

MACNUTT—On January 3rd, 1917, at 12D Oxford and Cambridge Mansions, Marylebone Road, London, England, to Major L. W. and Mrs. MacNutt, a son. Mrs. MacNutt was Miss Denmark, class of 1912, who went overseas with the first contingent.

### Marriages

MCLEAN-WORTS—At the residence of the bride's parents, on Monday, February 19, by the Rev. Anthony Hart, rector of St. Mary's Anglican Church, Westmoreland Avenue, Edna May McKinnon, elder daughter of Mr. and Mrs. Fred. G. Worts, Delaware Avenue, Toronto, to Herbert Arnold McLean, D. D. S., of Milton, Ont. Miss Worts is a graduate of the Toronto General Hospital, class 1916.

WATTON-VANDEBURGH—At Toronto, January 31st, Mabel Stewart Vanderburgh to Melville Ralph Watton. Miss Vanderburgh is a graduate of the School for Nurses, Toronto General Hospital, class 1915.

ANKCORN-STRUTHERS—At Rochester, Minn., Miss Margaret Struthers to Mr. Fred. H. Ankorn, January 24th. Mrs. Ankorn is a graduate of the Winnipeg General Hospital. She will make her home with Mr. Ankorn in Palouse, Washington.

COOMBS-CROSKELL—At New Westminster, B. C., on February 27th, 1917, Miss Alice C. Croskell, graduate of R. C. H., New Westminster, to Mr. Coombs.

IRONSIDE-RUTHERFORD—At Moose Jaw, Sask., on December 20th, 1916, (Mrs.) Mary Russel Rutherford (H. S. C. Toronto) to Mr. Wm. Fraser Ironside. Mr. and Mrs. Ironside will reside at 263 Fairford Avenue, Moose Jaw, Sask.

LARRLEY-DUNN—In Fredericton, N. B., in January, 1917, Miss Winnifred Dunn (Victoria Hospital 1916) to Mr. Frank L. Larrley. They will reside in Fredericton.

KITCHEN-WHITE—In September, 1916, Miss Bell White (Victoria Hospital, Fredericton, 1915) to Mr. H. G. Kitchen. They will reside in Fredericton.

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Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanatoriums in the city) a splendid opportunity to become acquainted and established in their profession. Address 106 West 61st Street, New York City. Phone: Columbus 7780 7751.

## Queen Alexandra's Imperial Nursing Service

(Under the authority of the British War Office.)

### *Circular of Information*

Nurses being sent for service with Queen Alexandra's Imperial Nursing Service are under the authority of the Canadian Army Medical Corps until their arrival in England, when the Queen Alexandra's Imperial Nursing Service assumes full responsibility.

Applicants must be graduated from a school for nurses in connection with a general hospital giving a three years' general training.

AGE—Applicant must be 25 to 45 years of age. No married women will be accepted.

NATIONALITY—Applicant must be of British parentage.

LENGTH OF SERVICE—Applicant must promise to serve for one year, renewable, or until the end of the war.

SALARY—£40 per annum; board; laundry (one guinea allowed abroad, fifteen shillings allowed in United Kingdom).

UNIFORMS—Provided in England. Nurses travel in civilian clothes; £9 allowed for outfit after arrival in England if the nurse is serving abroad, £8 being allowed if serving in United Kingdom.

TRANSPORTATION—Passage will be provided to and from Canada to destination. Return passage will not be provided if engagement terminates voluntarily by resignation or misconduct.

☞ It must be thoroughly understood that this call for nurses comes from the Queen Alexandra's Imperial Nursing Service and nurses volunteering will be directly under the supervision of the above.

☞ There is no connection between the Queen Alexandra's Imperial Nursing Service and the Canadian Army Medical Corps.

If, after carefully considering the above information, you wish to apply, send for formal application blanks at once. This unit of nurses must be appointed as quickly as possible, as nurses are greatly needed.

All communications from nurses resident in Military District No. 2 must be sent to Jean I. Gunn, Toronto General Hospital, Toronto, Ontario.

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Announcement was made in Montreal in February of the death on active service in France of Constance Marie Sinclair, second daughter of the late David Sinclair of Montreal. She was a nursing sister with the 22nd General Hospital, Harvard University unit.

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### *Heard on the Rounds.*

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Care is taken to make our environment conducive to the happiness of our nurses and in all ways we aim to provide them with a well-rounded experience.

Our range for experience is wide because of the unusual combination of maternity and baby hospital: the private floor gives exceptional opportunity for observation of methods in general practice, owing to the many physicians in private attendance.

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We are prepared to give a thorough and well-balanced three months' course in OBSTETRICAL NURSING. This course includes experience in modern methods in wards and private floors. Our obstetrical work among the city poor is valuable preparation for those wishing to qualify for the widening field of municipal sanitation and social welfare work. Weekly lectures, classes and demonstrations are given, together with evening talks to nurses and patients on prenatal influences; the after-care of mother and child, hygiene, sanitation and many instructive and interesting subjects.

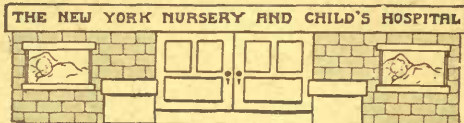
### PEDIATRICS

A three months' course is also offered in PEDIATRIC NURSING, for those who desire especial training in the care of children. This course is invaluable in district nursing and civic child-welfare work, including as it does, experience in children's wards, observation wards, baby clinics and boarding-out system, lectures and classes. Formulae-room instruction is included in each course.

### POST-GRADUATE COURSES

The above courses are offered to graduates of recognized training schools to whom a remuneration of \$10 a month is allowed.

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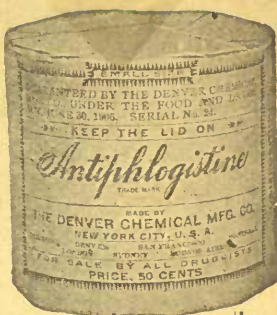
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"The Canadian Nurse" Representative—Miss Jessie Ferguson, 596 Sherbourne St.

Regular Meeting—First Tuesday, every second month.

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Programme Committee—Miss Joseph, Miss McKenzie, Miss Nash, Miss Trace.

Representative to "Canadian Nurse"—Miss B. Gilchrist.

Regular Meeting—First Tuesday, 8 p. m., at Victoria Hospital.

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Representatives on Central Registry Committee—Misses Wice and Cooney.

"The Canadian Nurse" Representative—Miss Chisholm, 30 Brunswick Ave.

Regular Meeting—First Friday, 3 p. m.

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Representatives on the Central Registry—Miss M. Samson, Miss S. Brick.

Alumnae meets at the Hospital First Wednesday of every alternate month.

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Secretary-Treasurer Sick Benefit Association—Miss J. O'Connor, 853 Bathurst St. Representative "The Canadian Nurse"—Miss M. I. Foy, 163 Concord Ave.

Regular Meeting—Second Monday every two months.

### THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO

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 First Vice-President—Miss Eleanor Butterfield, 221 Elizabeth Street.  
 Second Vice-President—Miss Dorothy Burwash, 221 Elizabeth St.  
 Treasurer—Miss Ivy Anderson, 210 Bloor St. East, Apt. 15.  
 Recording Secretary—Miss A. Rolph, 105 Roxborough St. East.  
 Corresponding Secretary—Miss M. Daly, 308 Jarvis St., Apt. "D."  
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 Committee—Misses B. Aitken, Pegg, Binkley, Kennedy, Buckbu.

The Canadian Nurse Representative—Miss E. L. Taylor, Strathcona Apts.  
 Regular Meeting—First Tuesday, 3.30 p. m.

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Directors: Misses Rowan, Burnett, Pearen, Finney, Mrs. McKeown.

Conveners of Committees: Social, Miss Etta McPherson; Programme, Miss Rowan; Press and Publication, Miss L. Smith; Sick, Miss Goldner.

Representative to "The Canadian Nurse"—Miss Elsie Henderson.

Representative on Central Registry Committee—Misses Irvine and Hammill.

Regular Meeting—Second Tuesday, 3 p. m.

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Conveners of Committees—Sick Visiting, Miss Honey; Programme, Miss E. Scott.

Representatives on Central Registry Committee—Misses Piggott and Rork.

Representative "The Canadian Nurse"—Miss J. G. McNeill.

Regular Meeting—First Thursday, 8 p. m.

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Regular Monthly Meeting—Second Thursday at 3 p. m.

### THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

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Conveners of Committees—Finance, Miss B. Dyer; Programme, Miss McBeath; Membership and Visiting, Miss Nichol; General Nursing and Social, Miss Moore.

Representative to "The Canadian Nurse"—Miss M. Doherty.

Regular Meeting—First Monday, 4 p. m.



### THE ALUMNAE ASSOCIATION, TORONTO FREE HOSPITAL TRAINING SCHOOL FOR NURSES, WESTON, ONT.

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# THE CANADIAN NURSE

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## Eugenics

*(Read by Dr. Gibson at a meeting of the Calgary Graduate Nurses' Association)*

Madam Chairman, Members of the Graduate Nurses' Association:

I am not sure that I have chosen a subject such as you would wish, and what I may have to say may not be of great interest to you, but it is a subject in which I have always been greatly interested and so I hope you will pardon me, should my address fall far short of your expectations. I think that just at the present time, my subject ought to receive more attention than it has in the past, because of the tremendous loss of life in Europe. Among those who have died are many, many of our best young men, morally and physically, and for this reason it is incumbent upon those of us who are left to look far ahead, and provide, in so far as we can, for the health and happiness of future generations. Another reason why I have chosen my subject is that the women of this country will, by the power of the ballot, be enabled to make great changes in our laws, and I feel that great changes are necessary along many lines, and especially along the lines of our marriage laws. At the present time almost any human being, be he or she of sound or unsound mind or body, can go to his nearest jeweler, Justice of the Peace, or possibly the nearest blacksmith, and obtain a marriage license, and a preacher can always be found who is willing to do the rest. Such a state of things ought not to be. For the sake of future generations, let us see that such laws are enacted that, before one can obtain a marriage license, a clean bill of health, from a reputable physician, must be presented. By this means, we would not only spare those most directly concerned untold trouble and wrong, but would save the State many thousands of dollars per year.

Now as to those who should not be permitted to marry, and become the parents of innocent children, I should like to mention the following:

### *(1) The Feeble-minded and the Insane*

While it is possible that a feeble-minded parent may produce normal children, yet such is not usually the case, and if both parents are afflicted the children cannot escape. Not long ago a physician in a neighboring city, while examining the school children, came across several members



of one family, of whom the complaint had been made by various teachers that these children could not learn the simplest lessons, and were a very great deal of trouble in many ways. Other children were learning bad habits from associating with these individuals. On investigating the family, it was found that both the parents were mentally deficient. Then, too, the feeble-minded are unable to earn a living, and the burden of caring for such falls on the State. To quote from "The Handbook," National Welfare Exhibit, Toronto: "All of us know some individuals who grew up physically, but never grew up mentally. They are known as "feeble-minded." They are under a terrible handicap and are a tremendous moral, physical and financial burden on the homes to which they belong, the public schools which they attend, and the society of which they form a part. They do constitute a grave national problem." The investigations of Goddard, Treadgold and Davenport show that in at least 80 per cent. of their cases the mental defect had been preceded by other cases of defect in the immediate family line. Goddard finds that 65 per cent. of his institutional cases had one or both parents actually feeble-minded. Greater care in the examination of immigrants should be exercised, and thus we would be spared the care of many of these cases which are born outside Canada.

### (2) *Those Suffering from Tuberculosis*

In case of the disease being active, marriage should be impossible, as we all know the danger of infection in this disease. Tuberculosis is not hereditary, but the tendency often is, so that children born of tubercular parents are often found to have contracted the disease at an early age. In case of a tubercular mother, one may find the disease apparently improve during pregnancy, but spread rapidly after confinement, and death follow, leaving a weakly baby or babies to the care of friends or public.

### (3) *Alcoholics*

By this term I do not mean the man who takes an occasional glass of alcoholic drinks, nor even those who perhaps go off on an occasional spree, but that class of men who have acquired the habit of taking alcohol every day, the constant tipplers. These should not be allowed to marry, because alcoholism ranks next to heredity as a cause of insanity, and because the children of alcoholics, while not necessarily alcoholics themselves, are yet liable to inherit a weakened moral stamina, and so become addicted to various forms of vice. In addition, the alcoholic is, as a rule, a poor provider, and many thus become the charges of charitable or governmental institutions. Many chronic alcoholics are sterile, and it would be a fortunate thing if all were.

### (4) *Epileptics*

In case of both parents being epileptic, the children are sure to be epileptic, but if only one parent is so afflicted, and there is no other history of nervous disease, the children of such a one may be healthy, but



the chances against this are so great that I am of the opinion that all epileptics should be prohibited from marriage.

(5) Those suffering from hæmophilia, because of the great risk to the children of such parents.

(6) Those addicted to the use of drugs. Here again, we are almost sure to find a weak moral nature in the offspring.

(7) Those who are unable to support a wife and family.

(8) Individuals of different races.

(9) Those suffering from venereal disease.

It is about this class of case that I wish to speak more particularly. I think it is a fact that a large percentage of venereal diseases are due to ignorance of the dangers of the disease, and a campaign of education along these lines would, I feel sure, do away with much of this trouble, and just here let me state that you can do much to spread the necessary information. Many times no doubt, you are asked questions relative to sex hygiene, and you would do well to inform yourselves on these subjects, and so be in a position to guide and instruct those who desire such information. Mothers will often ask you concerning the teaching of their children the problems of "sex," and in this subject all false modesty should be discarded, and the children properly informed, and so prevent untold evil, and if the public mind can be impressed by the pain and misery inflicted on the innocent children by the loathsome venereal diseases, much will have been accomplished towards the eradication of these diseases.

For a few moments let us consider the results of gonorrhœal infection of the female, and let me remind you that this disease may be present in a woman without producing any symptoms which might point to such a condition, and so nothing may be suspected until the infant develops gonorrhœal ophthalmia, and this disease accounts for 10 per cent. of the blindness in the United States, so we see the importance of a thorough medical examination, before a clean bill of health can be given. Again, the innocent young mother may suddenly develop a puerperal infection, due to the same cause, from which, if she recovers, she is possibly left an invalid. Usually, however, the disease manifests itself by a discharge from the genitals, or by attacking the urethra, and causing symptoms referable to that organ. The infection may spread upwards to the cervix, and remain localized there indefinitely, or it may progress upwards, setting up an endometritis, or by affecting the tubes and ovaries, cause pus-tubes or ovarian abscesses. Thus it becomes the fruitful source of a very large proportion of all operations performed on the female pelvic organs. The various results of this disease are responsible for a great number of the cases of sterility found among women. Gonorrhœa has also to its credit such diseases as proctitis, stomatitis, arthritis, pericarditis, endocarditis, myocarditis, so you can see its far-reaching and serious results.

Let us turn now to syphilis. We have strong proof that this disease existed as long ago as B. C. 2637. We find in the Scriptures "the emerods

in the secret parts," which no doubt refers to this disease. Hypocrates wrote of it in B. C. 459. Ignorance of its dangers as well as the prevalence of prostitution, at that time, spread the infection throughout Europe and Asia. In 1905 the specific organism was discovered.

As time will not permit the discussion of all the varied manifestations of syphilis, I will not make the attempt, but will pass on to a few of the results of the disease in women and children. Mothers are often themselves infected, and pass it on to their children without manifesting any symptoms themselves, though if infected locally they pass through the same stages as men. Women so infected are subject to repeated abortions, and at least 40 per cent. of such pregnancies end thus, and perhaps it is well that such is the case. However, after some time, and possibly many abortions, the infection appears to die out, and it is said that such a woman may bear a healthy child. Children born of a syphilitic parent cannot infect the mother, but may infect an attendant, or a wet nurse. In case a syphilitic woman bears a living child, it is usually small, weak and of greatly diminished resistance, and so, slight ailments carry them off. In infants the disease may be evident at birth, in the form of various skin eruptions, or "snuffles," or no evidence of its presence may appear till about the 6th week, or perhaps not till puberty. If prompt and vigorous treatment be persisted in for 12 to 18 months a cure will result. Among the malformations which are credited to syphilis, though not peculiar to it, are: Scoliosis, spina-bifida, polydactylism, syndactylism, congenital idiocy. In many cases the eyes are affected, and sight is often lost, as the result of interstitial keratitis. It has recently been stated that many cases of peculiar mental development are due to the fact that syphilis existed in some preceding generation. To quote from a paper by A. A. Fisher, in *Public Health*, "One-eighth of all human disease is due to venereal disease. Sixty per cent. of the inmates of our insane asylums are there because of these diseases; from 20 to 25 per cent. of the inmates of blind asylums are there because of gonorrhœa; 250,000 deaths each year are due directly, or indirectly to venereal disease. Gonorrhœa causes 60 per cent. of unwillingly sterile marriages, 80 out of every 100 women who die of disease of the reproductive organs have been infected innocently. Feeble-mindedness, degeneracy, and insanity often result directly from syphilis. It is the greatest factor in the death of prematurely born children. It is a common cause of general paresis, locomotor ataxia, brain abscess, and nerve degeneration. It indirectly causes one-half of all cases of tuberculosis."

Let us all unite to do our best to have these loathsome diseases eradicated.

---

When dropping muffin dough into the tins first dip the spoon into boiling water and the dough will not stick to the spoon.

Figs split open form excellent poultices for boils and small abscesses.



## The Limitations of Public Health Nursing

(By Edna L. Foley)

Once upon a time an anxious parent telephoned a hospital and asked for a nurse for a sick child. He wanted a good woman, fond of children, kind to animals, considerate to servants, low-voiced, tactful, gentle, strong-backed, French-speaking, and Baptist if possible. That she should know something about nursing did not seem to have occurred to him. We all know the classic answer of the impatient hospital superintendent. Are not some of the demands being made to-day upon the nursing profession for workers in the public health field almost as absurd? Organizations are rarely asked to provide *good nurses*, women thoroughly trained in surgical and medical nursing with the accompanying mental equipment furnished by years of study and practice in a good general hospital. This nursing ability and knowledge is taken for granted or minimized. What is really desired is a good mixer, a trained public speaker, an expert book-keeper, an office manager, a teacher of first aid to debutantes, or of hygiene to grade children, an experienced truant-officer, an almoner, a probation officer, a substitute for a factory physician, an employing agent, a tenement inspector. True, experience as some sort of a visiting nurse is desired or insisted upon, but personality plus many or all of these other requirements is given first place.

In fact, the graduate nurse seems to be the only individual trained to do one thing but expected, when once possessed of a hospital diploma, to do everything and to do it cheerfully and well. The pupil nurse is trained to give care to sick people within the walls of a hospital—a building more or less equipped for this one thing. She is not even especially well prepared for nursing in private homes, though doubtless 75 per cent. of our pupil nurses are planning to start their professional careers by doing private nursing.

Until within the last two or three years, the pupil nurse heard much more about ill health than health—recently she has been given an opportunity to learn something about public health and public health nursing. In time, she may even be allowed elective work in the field of her choice, for in these days of intensive specialization, it is futile to think that any but the super-nurse can be equally efficient in institutional, private, or public health nursing.

In fact, the young nurse is in much the same position that the college graduate finds herself—expected to teach well but totally unprepared for teaching. Ten years ago, probably 85 per cent. of all college women who planned to become self-supporting, turned to teaching, not because they were equipped to teach, but because it seemed the obvious thing to do. The nurse, however, has this handicap over the college woman. Her training is a technical one, supposed to equip her for definite work,



whereas a college doesn't promise its graduates any immediate means of livelihood. A college woman may take time to equip herself for some field of social endeavor, but the nurse is considered equipped until she demonstrates that the hospital care of a malnutrition baby is not the only preparation needed in infant-welfare work.

Nurses work under a second handicap when we consider that "Do it now" is the constant cry in the ward, clinic, or operating room. "Stat" orders which must be carried out immediately are so a matter of routine that the very great deal of "watchful waiting" that is done in observation of both symptoms and conditions is forgot in the rush of the "system." To agonized friends, physicians and nurses may seem slow and disinterested, but the average hospital interne and nurse are expected to do twelve hours' work in eight hours' time. Therefore quantity sometimes takes precedence over quality and the expedient rather than the fit thing must be done. Hence a nurse fresh from this atmosphere finds the relief-visitor, the court-worker, or the teacher almost fatally slow in their ability to grasp the salient needs of her particular family or patient. Because to her, starvation or freezing seem imminent and either or both spell death, she cannot see the problem as much bigger than a food and coal affair.

Consequently, a graduate nurse is not a public health nurse nor yet a trained social worker. She has made a good beginning, but she has much to learn before she can qualify in either of these fields. Not long ago an eminent statistician was greeted with applause when he announced to a large audience that "we are all social workers, or should be." Granted that we should all be big enough to substitute social for personal service occasionally, are we not in danger of losing sight of the significance and value to our patients of a long course in social training if we are all, by election, social workers, nurses, teachers, or what-not? Is training, plus experience, of so little value that we can deceive ourselves by mere words?

A pupil nurse who has had a month's district work knows something about public health nursing, but no vocational bureau would think of offering her a position requiring the skill, judgment, and training demanded by the average public health nursing position. Medically trained workers are very indignant when it is suggested that a non-medically trained worker who has had a social training is as good as the person who has had a three years' hospital training; but are they consistent in their indignation when they are willing to believe that the nurse with no other preparation than her very conservative technical training is equal to the problems and importunities of relief or playground or dispensary social service work?

For some time there has been both felt and outspoken antagonism between public health nurses and social workers. This has doubtless been brought about by the apparent looseness with which the terms have been used. Local misunderstandings have been aggravated into national misbeliefs. One ill-bred woman has been allowed to harm the social work

of an entire community; or one poorly trained nurse has injured all good nursing for miles around because of her very apparent ignorance in both her chosen field and the field which she has insisted upon considering herself equipped to enter. Public health nursing as a profession for women, and especially for graduate nurses, has never been adequately defined; perhaps it never can be. A field whose boundaries change so constantly and which makes such enormous demands on the equipment and ability of the workers entering it, can't be measured in exact terms, nevertheless as public health nurses we can surely say that our aim is to care for the physical welfare of the individual, his family, and his community; that in so far as local housing, school, sanitary, and economic conditions interfere with this physical welfare, we are obliged to be interested in these conditions; but that we will only be interested in these conditions up to the point of bringing them to the attention of people whose duty it is to remedy them; and that we will not undertake work that legitimately belongs to any other existing agency, whether public or private.

We rather despise the nurse who takes her political or religious convictions into a household in which she is welcome because of her nursing skill rather than for either of these other qualifications. Isn't it just as logical to despise the nurse who insists upon giving material relief or legal advice when she has had no training which enables her to handle wisely this aspect of a case? Public health nursing is a big field. A good public health nurse is supposed to be well grounded in the principles of hygiene, bacteriology, physiology, sanitation, housing, and general nursing. This alone is no small foundation. The various ramifications of sociology are interesting, helpful, broadening, but a mere smattering of them without solid grounding in her own subjects does not create a well-trained public health nurse. Will not a public health nurse disappoint her community less and earn for herself a well deserved position in the field of social science if she very frankly admits that she is not a Jack-of-all trades but an individual trained along certain lines, notably those that enable her to coöperate with other workers in a big field or to see the need for their services in a smaller field?

The average American citizen is altruistic but provincial. He wants to obey to the letter the biblical injunction that his left hand shall not know what his right hand is doing. He wants the "needy and deserving" poor to have a better chance, nevertheless he is provincial in that he believes his own method or his own town or his own church is better than anyone else's and that his local conditions are peculiar. He can't see that they are reproduced in thousands of other communities throughout the country. Nurses are average citizens, for our own training school and its methods, our own professional and its standards, come first. That other professions have a right to exist we may admit, but we are not yet convinced that they are as necessary as our own. Our national provincialism would not, perhaps, be so self-evident were we, as individuals, more cosmopolitan, more tolerant, more able to recognize good in people



about us and the great need everywhere for more workers of varied talents and better training.

It is footless to say that the public health nurse is the logical first social worker in any community. A good public health nurse is a desirable requisite in any community. If she happens to be the first worker, she shows her ability by persuading that community to throw open its doors to other trained workers rather than by making herself so indispensable to the community's welfare that she is able to deceive both it and herself into thinking that she is the one and only worker needed. We are none of us big enough to work alone forever. In small communities, when much generalization must be practised, the nurse may have to do a little of everything, but she should avoid the danger of seeming to be "as good as" all the workers she must, of necessity, represent. In larger communities, the nurse who boasts of the amount of clothing or food she has dispersed, and the relief agent whose report shows that he has taken care of more sick than destitute, are disqualified by their own statements for the positions they are pretending to fill. This dog-in-the-manger attitude which some nurses take toward social workers and which is usually returned with interest, is merely evidence of the littleness of both.

This paper was not written in a spirit of criticism of medical or social workers, but because the mutual distrust which some groups of workers feel toward other groups is hampering good work in more than one community. Perhaps this distresses nurses more than it does other family workers; possibly it doesn't; nevertheless, the family or the individual for whom our work is done is the most severe sufferer in the long run, and it is time that we realize that misunderstandings will no longer serve as excuses, locally or generally, for failure to do constructive social team work. "Coöperation" is a much abused word, but both public health nurses and trained social workers will achieve results more quickly when they learn to respect each other's good intentions; when, as Mr. Dooley might say, "social workers know better sociology and public health nurses know better public health."

Some social workers need more thorough grounding in sociology and the principles of case work; some public health nurses need a much better training in everything that is required to make a good health worker rather than a good relief worker. A knowledge of medical work for the social worker and of relief work for the medical worker as a side line, is both helpful and essential, but in our anxiety to define the functions of the other person, have we not rather ignored the perfectly legitimate boundaries of our respective fields? Nurses are so accustomed to hearing the old assertion that nursing as a profession is young, but as an art is as old as the hills, that they are apt to forget that the first nurses were friendly visitors and almoners and that we have simply made several departments of what was once one vocation, because our far more complex civilization makes it impossible for one worker to handle well all the problems that such a civilization entails.

For every tale of woe that a public health nurse has to relate regarding a supposedly well-trained social worker, some equally trustworthy social worker has a worse grievance against a supposedly well-trained public health nurse. Generalization from specific instances is dangerous and stupid. The mistakes of both nurses and social workers might fill volumes, but the good work accomplished by them as individuals or as fellow-workers would fill many more volumes. Do we ever stop to consider that we are all fallible human beings? We so seldom talk about each other's good case work—we do, however, sometimes discuss the mistakes of one individual as if they forever destroyed a fundamental principle which we had all accepted as axiomatic. We shall never get anywhere by criticizing each other or by undertaking to do the other person's work for her; but if we will stick a little more closely to our own knitting and report what seems to be the overstepping of the other worker to the proper authorities (not the first friendly ear that presents itself), we may, in time, help to develop two very greatly needed professions, that of the trained social worker and that of the trained public health nurse. We are not always fair to each other or to ourselves—both groups have representatives who are conservative, intolerant, suspicious, and arrogant. Public health nurses as individuals and as a group are doing a fine piece of work throughout the country, but this can also be said of trained social workers. A community of five, ten, or fifty thousand that can get along without either the nurse, the relief worker, and last, but by no means least, the playground worker, is an Utopia that undoubtedly started out with these workers on its municipal pay rolls.

The time has surely come for us to attempt a more positive definition of the words "social worker," "public health nurse," "social service worker." But can we define these words unless we agree in all fairness and honesty that we will, by our very willingness to define them, set a definite limitation to our own field of usefulness? There is no one woman big enough to run a universe and do it well, no matter how tiny that particular universe is. We are each of us necessary, perhaps, in the scheme of things; but the most necessary person is the woman whose results show her value to her community. Statistics, annual reports, newspaper publicity, are all good in themselves, but in the last analysis they are not the only results which we must strive for if we are going to justify our contention that the public health nurse has come to stay.

The public health nurse must "deliver the goods" by helping create a more intelligent public interest in health, public and private, individual and community. Just as the school nurses justify their employment by the reduced truancy and school exclusion figures—so the general public health workers must justify their communities' expenditures by better care of the sick outside of institutions, less illness at certain periods of the year, greater comfort in the homes of the incurably ill. What the social workers must do to justify their existence may be safely left to the social workers; but the public health nurse who, without the special training in



social work which equips her equally well for a position as social worker or health worker, asserts that she is just as good as or more logically necessary than the trained social worker, playground leader, or what not, is not merely displaying colossal ignorance but is harming a very large group of women who are exceedingly anxious to do their own work well, and to leave to others the task of completing work that does not necessarily fall into a definitely outlined public health nursing field.—*The Public Health Nurse Quarterly*.

## The Address to the Guilds of St. Alban's, Holborn

(By the Ven. Archdeacon Holmes, on St. Alban's Day, 1913)

*Portion of Address to Guild's of St. Alban's, Holborn*

"The eye of a needle."—*St. Luke xviii:25*.

"The eye of a needle!" just an ordinary sewing needle! the needle of a seamstress; a sailor; a surgeon; or the needle of a tailor—one of the great Company of Merchant Taylors whose Hall in the City gave us the well-known name of "Threadneedle Street"—or a telegraph needle: one of those needles that sends a message round the globe in less than twenty minutes;—any kind of needle! What has it got to do with Guilds? Let us see.

Go over a hand-made needle factory, say in Worcestershire, and you will find, in the making of a needle, three different departments. In one department you will see the workers who are grinding the points; in another, those who are drilling the hole; and in a third, those who are engaged in polishing the inside of the little oval eye through which you run the thread.

Now here are three sets of workers. Apparently they have nothing whatever to do with each other. There are the grinders, there are the polishers, and there are the drillers, and no one of them can see the other's work. They are all absolutely independent of each other, and yet they are all equally interdependent. Before the needle is perfect, the work of each one of those three departments must be perfect in itself. If one fails, all suffer. A needle may have a perfect point, but if the eye is made so badly that you cannot thread the cotton, the needle is imperfect, or rather, it is useless. Or, the hole may be perfectly drilled, but if it is not perfectly polished, the thread will fray and break, and because somebody somewhere has made an imperfect eye the thread breaks, and perhaps one of you loses your temper! Or again, the eye may be perfectly polished, but if the hole or the point is imperfect, the whole needle is worthless. All three sets of workers are inter-dependent, though each is independent. So the perfect needle says to us: You are all inter-dependent, and each must do your own independent work as well as you

can for the sake of the whole. All must work exactly as if the perfection of the needle depended, as it does depend, upon each.

Now, then, you see what the needle has to do with our Procession of Guilds, upon Church life, upon all corporate work and worship. The thought is this: "Upon the well-doing of each depends the well-being of all." Let us get that into our heads as to-day's motto. Let us pretend for a moment that we are children once again, and say it out loud and altogether—"Upon the well-doing of each depends the well-being of all!"

I will tell you what I mean in a true story. You remember the death of the Prince Imperial in the Zulu War—a familiar story, of course, to some of you. You remember how the Prince went out of the camp against Lord Chelmsford's orders, and how he and his comrades trusted to the swiftness of their horses to outride the enemy, if necessary. You remember what happened. Entirely taken by surprise, the Prince and his companions dismounted, and at rest, found that they had fallen into a trap, and that the Zulus, hidden in the bushes, were upon them. There was only one possible thing to do, and that was to mount their horses and trust to their speed to escape from the Zulus' assegais. They reached their steeds, and the officer and the rest of the Prince's companions mount and are saved. The Prince himself reaches his horse, seizes the leather band to help him mount, and is almost within the range of safety. Almost! but not quite. What happened? Owing to a bad shoddy piece of work of an unknown workman in an unknown saddler's shop in England, the band breaks! It was found afterwards by Sir William Russell, the correspondent of *The Times* newspaper, who tells us that the leather was only made of paper facing—and some of you here know more about it than I do, I expect. The strap breaks; the Prince falls to the ground; the Zulus are upon him; he is assegaid, and killed; and, for all we know, a whole French dynasty may have its course changed, and all because of a bad bit of work by an unknown workman in an unknown shop thousands of miles away from Zululand. Am I not right in saying that upon the well-doing of each depends the well-doing of all?

Now, you see, the story of a needle has got a real meaning for Guilds. The work and the workshop of the unit has a great deal to do with the work and the workshop of the whole—and the reverse.

First, worship! There is, of course, the worship of the unit as well as of the Body Corporate—the independent worship which cannot help being inter-dependent. The prayers we say in our own rooms, the thanksgivings that we say for our own private blessings, the meditations we make in our own private devotions, all are independent prayers. They are essential; they are beautiful, they are among the things which are requisite; but not one of those prayers and blessings and meditations is isolated or cut off from the whole body of devotions which the whole Church is offering by means of its units. We can only pray or praise as members of a body; the worship of the whole Church depends upon the worship of each member of the Church.



And it is exactly the same with your work as with your worship. People say of their work, "Oh, it's all so dreary! there is so little to look forward to! only to get old! only to get past work! only just time to get your own living and with no time to do anything for anybody else." If we say this, we have not yet learned the story of "the eye of the needle." We are *always* doing something for somebody else if we are doing our own work at our very best. We cannot help it. Of course we don't see it now any more than the needle-workers in one room can see what is going on in the other rooms. But it is true; all depend upon each. Supposing you are all helping to make an Altar frontal, with a beautiful cherub in the centre! One of you may be doing the eyes, another the head, another the feet, another the flowing robe. No one, looking at her own bit of work and seeing only that part of the whole, would say, "What a beautiful cherub." But if you each wait till the work is done, if you look at it as a whole, you will soon discover that if any single worker has done a bad bit of work the whole beautiful cherub is imperfect, and the Altar frontal is spoiled. Why? Because one of you, or one set of workers, has failed all the rest. Each may be blind to the whole work in progress, and, like the blind workers in India doing their wonderful needlework to the sound of "one over, two under, one over, two under" of the master-man, cannot see what you are doing. But when the whole is seen, the beauty of the parts will appear. Independence and inter-dependence are mutually essential.

I think sometimes that the sin of grumbling because we cannot see what we are doing for others is rather under-rated. If it is true that upon the well-doing of each depends the well-being of all, everyone of us has got a vocation; everyone of us is doing something for somebody else. That, I suppose, is why you belong to a Guild. It is not only that you may get something from, but that you may contribute something to, the corporate life of this Guild of which you are members. To deliberately, and unnecessarily, miss going to a Guild meeting, or saying the Guild prayer; to miss giving a helping hand to another member of the Guild who is in need—it all means you are spoiling the perfect life and work of your Guild, and endangering its perfection. You are spoiling the perfect needle.

There is my story of the needle for the Guild of St. Alban's this afternoon; and there, too, is the sentence we are going to take away as our motto for another year:—

*"Upon the well-doing of each depends the well-being of all."*

"Misericordia" Monthly Paper of Guild of St. Barnabas.

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A French soldier, shot in the leg, was taken to the hospital for treatment. The surgeon probed and searched the wound, until the sufferer demanded impatiently what he was doing. "I am trying to find the bullet," was the reply. "What stupidity!" cried the patient. "Why, I have it in my pocket!"

## **The Effect of Malformation and Infection of the Oral Cavity of the Child, upon its Future Health**

(By Stephen Palmer, D.D.S., Poughkeepsie, N. Y.)

*Read at the Annual Meeting of the Medical Society of the State of New York, Saratoga Springs, May 16, 1916.*

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Today is the beginning of a new era in medicine and dentistry when for the first time a member of the specialty of medicine which the speaker represents is by invitation presenting the part dentistry plays in the great field of medicine, and the place it is gaining in the great art of healing, and prophylaxis, and in behalf of the Dental Society of the State of New York and the National Dental Association I thank you for the privilege and honor of appearing here today, not on my personal account, but rather for the profession which I love and ever hope to uplift by my efforts.

The dental profession has realized and been preaching for years the importance of a mouth in perfect condition.

We know from observation in our daily vocation, the value of a clean and well-kept mouth and teeth. We know that there is nothing that so reduces the vitality of a boy or girl as decayed and aching teeth. We have noted the effect upon the future life, of the neglect of the mouth conditions of a child. We know that the pupils in our schools cannot do their best unless that portion of their systems, at least, is in a healthy condition. We know that with the mouth and teeth in perfect condition and kept so, many of the bodily ailments and weaknesses can be eliminated, and thus the general health of the children in our schools, and finally the health of the nation will be improved. We know that as the mouth is the gateway to the body; that the teeth are placed there to perform the first function of the great system of digestion and assimilation, that with them in perfect condition only can the child be in perfect health, and the future man or woman strong, healthy and intelligent.

The teeth are the organs of mastication; without teeth in perfect condition we cannot have proper mastication, without proper mastication we cannot have proper digestion, without proper digestion we cannot have proper assimilation, without proper assimilation we cannot have health.

The Creator provided each little mouth with twenty teeth, why? Because they were necessary, to prepare the food for nourishment of the child body. Let the teeth and mouth of the child between the age of two and fifteen years be neglected until the teeth are removed to relieve suffering, or left decayed and broken down to the gum so they are of no use, and often abscessed and providing a continual exudation of pus, as well as lodgment for many germs of many diseases of the body, during the



years when the child is growing and needs every function in perfect order, the child cannot masticate properly the food provided, is suffering, is swallowing food unprepared for digestion, and is swallowing bacteria to be assimilated through the system, and you are laying the foundation for a future ill health that will be carried by them to the grave.

Dr. Victor Vaughan, ex-president of your National Association, says:

"The mouth is the most important port of entry for infection.

"One or more decayed teeth with constant infection, so impairs the vitality of the child that physical and intellectual development is impossible.

"Deformity of the jaw and malposition of the teeth interfere with the proper development and function of the brains."

Dr. Osler says, "There is nothing so important to the health of the nation as the hygiene of the mouth," and added to that I make the assertion, "That there is nothing so important to the health of the coming men and women, as the hygiene of the mouth of the boys and girls of today."

Dr. Williams, Superintendant of Bowe Memorial Hospital for Tubercular Patients, says, "Seventy-five per cent of the children with tuberculosis have very bad teeth and oral infection, when the infections are cleaned up and teeth restored, the chances for recovery increases, and the return of health is much more rapid."

Dr. Kneph says, "I defy the most skilled physician to either cure or help a tubercular patient which has decayed teeth in the mouth."

We as members of the professions cannot ignore these facts as stated by our leading confrère, the sooner we realize the truth of them, and with all our knowledge and effort in diagnosis and treatment, the more satisfactory will be our results, and prophylaxis in medicine by the aid of prophylaxis in dentistry, will produce the results unprecedented in their improvement of the health and strength of our fellow citizens.

*Deformities.*—Malformations or deformities of the mouth unless to the extreme are often not noticeable except only to those who have made a study of them, as no normal human dentures have been created exactly alike, in fact it has never been demonstrated that Nature ever duplicated her forms; just so there have never been two cases of malformation exactly alike. Deformity of the teeth which reduces their function, impairs speech, and mars the facial lines are so prevalent that it is now almost a rule rather than an exception. Go where we may, wherever humanity congregates and we are confronted by those deformities in such numbers that we are amazed.

The reason for the great number of deformities is attributed to the mixture of blood of different races, as we note that in the Grecian and Roman ages when the blood was purely Grecian or Roman deformities were practically unknown.

Dr. Wuerpel says: "The tendency of modern civilization seems to be to create a law for each individual and in the face of complex and constantly changing conditions a fixed type as a basis or standard to govern the molding of the human face cannot be established, yet discouraging even as this seems, we believe there is a law for determining the best balance of the features or at least the best balance of the mouth with the rest of the features, which artists probably knew nothing of. It is a law so plain and so simple that all can understand, and apply it; that the best balance, the best harmony, the best proportions of the mouth in its relations to the other features require that there shall be the full complement of teeth, and that each tooth shall be made to occupy its normal position."

"It must be remembered by us all that it takes several years for the completion of the building of a human denture. We must remember that all parts of the anatomy are liable to abnormalities in development, as your medical literature bears abundant witness, but that no part is more frequently at variance with the normal in its development than the dental apparatus, is evidenced by the fact that malocclusion of the teeth in some form is almost the rule rather than the exception.

We can better understand the reason of this when we remember that the dental apparatus is not an organ with but a single function, like the eye, or the ear, but that it is a very complex structure, with many functions, into which enter not only the jaw, dental arch, and teeth but the muscles of mastication, the lips, tongue, nasal passages, palate, and throat, and that in addition to the function of mastication these are also concerned in the vital function of respiration, and also in speaking, singing, whistling, laughing, crying—in short, in the expression of all the various emotions, the different parts and combinations of parts entering into the performance of these various functions and acts are so intimately associated that even slight inharmony in the growth and development of any one may ultimately involve the whole apparatus, interfering with the normal functions of all, and even producing repulsive deformities, for the influence of these parts on each other is always continuous and progressive toward the maintenance of harmony and normal if normal, and toward increase of inharmony and the abnormal if abnormal" (Angle).

There are various causes for facial and mouth deformities but time will only allow us to enumerate those that come under the attention of the general medical practitioner, the general surgeon, the rhinologists, and the laryngologist.

The sole object in establishing dental dispensaries, and the oral hygiene movement in our public schools, is to teach our future men and women the value of the teeth, or in fact the value of a *tooth*.

Every tooth of both temporary and permanent dentures have a function to perform, namely, assisting in keeping the full denture in perfect occlusion, as the loss of one deciduous tooth before the allotted time for the permanent one to take its place results in the eruption of the per-



manent tooth in malocclusion, and the loss of one permanent tooth results in a permanent deformity, which impairs the functions of the whole dental apparatus for all time, therefore one cause of dental deformity is the loss of *one* tooth. The one way to guard the future welfare of our patients is to insist upon the care of every tooth both temporary and permanent that it may be retained.

Thumb, lip and tongue sucking habits so often formed by children cause many deformities, but if the habit can be broken before the permanent teeth erupt will reduce the number of cases of malocclusion.

The most serious and constant cause of malocclusion is nasal obstructions, namely, adenoid vegetation. Adenoids being a trouble of childhood, and most active during the growth and development of the denture, namely, before the age of fourteen years, it is very important that the rhinologists and the orthodontist should work together, as it is just as useless for the rhinologists to treat the nasal passages without the assistance of the orthodontist, as for the orthodontist to attempt to correct the deformities caused by the obstruction without the removal first of the cause by the rhinologist.

Every dental surgeon who makes a study of mouth deformities, has noted the effect of mouth breathing upon the future health of the individual, causing as it does the contraction or narrowing of the dental arch, the elevating of the hard palate which causes the obstruction of the nasal passages, the obstruction of the tongue, and finally the impairing of speech, and the function of mastication, and the marring of the symmetry of the face.

May we as members of the great professions of the healing art take into consideration finally that the deformities of the mouth from whatever cause, retard the function of the lips, tongue, cheeks, the nasal passages, the hearing, and the speech, which although lessened at the age of fourteen or fifteen, by atrophy (in case of adenoids) the evil effects may last through life, and uniting our efforts assist in reducing this very serious cause of many future ailments of mankind.

*Infection.*—It has taken Doctors Mayo and Hunter to bring to the attention of the medical profession, what the dental surgeon has known and been advancing for years, that mouth infection or oral sepsis play an important part in the health or ill health of the individual. Someone has said, "A child's health is only as good as its teeth."

My only ambition at this time is to impress upon my hearers, that as through the mouth passes every substance which enters in to the development and strength of the body, health is dependent upon its condition.

During the last few years the origin of many infectious diseases has been traced to conditions of the mouth and teeth. As in medicine so in dentistry the radiograph has become an important agent in diagnosis and by its assistance we have been able to uncover many of our shortcomings and by its assistance we are solving many problems and correcting many errors of the past.

An unclean mouth is one of the causes of many bodily weaknesses and the value of oral prophylaxis has been proven in many cities by the establishment of dental dispensaries, results of which have been that the child is healthier, and many nervous diseases and much retardation is eliminated, and thus the intellectual condition much improved, and the propaganda is to be continued until there will be established in every city and town a dental dispensary.

I have treated exhaustively the subject of malocclusion, as I believe therein lies the organ of many future mouth infections; to malocclusion is attributed the origin of pyorrhoea alveolaris, as teeth not in a position that is normal and thus not in use, or if in use are by irregularity receiving under pressure from an unintended direction are always pyorrhoeic, and as pyorrhoea is not a disease of childhood (or not so prevalent) we believe the prophylactic precaution, namely early recognition and correction of malocclusion, will reduce the now increasing practically incurable disease. Also irregularity of teeth make the cleansing of them more difficult, therefore providing lodgment for food and eventually caries.

"A clean tooth never decays," is our slogan, and to that might be added, teeth in correct position or occlusion are easy to clean, and therefore never decay.

Again the mouth conditions of the child affect the future health. By the neglect of the temporary teeth often until proper mastication is impossible, and the carious teeth provide lodging places for filth and bacteria, which is mixed with the food and swallowed, and also many teeth in that neglected condition become abscessed and the exudation of pus is also carried into the system with the food.

If we as fellow practitioners of the different branches of medicine would unite our efforts, by early oral prophylaxis many of the problems which are baffling the medical world would be eliminated.

We have the value of strength demonstrated in the German Army of today where they have had compulsory dentistry in many cities, a child not allowed to enter school unless the teeth were in order. We have the neglect of teeth demonstrated in the English army (the nation of the whole world that has neglected the teeth and mouth), where many, many men are obliged to return home because of mouth conditions.

In September a law in our state goes into effect which legalizes dental hygienists, a step toward the ideal we believe, as these trained young ladies may go into our schools and assist in educating as well as applying oral prophylaxis.

By our united efforts I prophesy a healthier, stronger and brighter coming generation.—*New York State Journal of Medicine*.

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Mrs. Hartley, sister of Lord French, commander-in-chief of the British home defence corps, died at Monastir from a wound received when a shell struck an ambulance to which she was attached.



## **"The Mysterious Vitamine."**

(By Lillah A. Ferris, Dietitian Royal Columbian Hospital,  
New Westminster, B. C.)

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Do you know what vitamins are? They are substances, the chemical nature of which has never been determined. Man has neither seen or grasped them! What then, are these mysterious beings?

Since we can not isolate them and so determine them as chemical compounds, we shall have to describe them by their physiological effects when solutions containing them are prepared under various conditions.

Formerly it was believed that a diet consisting of adequate amounts of suitable protein, carbohydrate fats, mineral salts and water, would fulfil all the dietetic needs of the living organism. Through investigations have shown, that animals fed suitable amounts of these food stuffs in a chemically pure form, fail to grow and finally die. However when certain fats, the husks of grains etc., are added to their diet, the animals resume their normal growth. This tells us that there are certain substances in the organic food compounds which cannot be obtained in the chemical laboratory, that really cause our food to nourish us.

In certain sections of China great plagues have occurred among the natives whose diet consisted exclusively of polished rice. The disease with which they suffered is known as beri-beri. In other sections the natives lived and apparently thrived on a diet consisting only of unpolished rice.

This led to the discovery that there was something in the outer layers of the rice grain, the lack of which substance was responsible for the nutritional disease of beri-beri.

Immediately animals and birds became the subjects for experimenting. Pigeons were chosen for extensive experiments because they seemed to respond to conditions more favorably. They were fed exclusively on a diet of polished rice and soon developed the disease known as poly-neuritis, the symptoms of which correspond very closely to the disease beri-beri in man. If the pigeons were allowed to remain in this condition, death would have been the inevitable result. But upon reaching a certain stage in the disease they were given a solution containing the outer layers of the rice grain. The rate at which they were revived to a normal condition was no less than marvelous.

The substances evidently existing in the outer layers of the rice grain and which undoubtedly counteracted the disease, are called vitamins.

It is now known that vitamins exist in the outer husks of all grains, wheat, corn, oats, etc. People living upon a diet, consisting only of white bread for months at a time, have contracted the disease beri-beri. Their relief came only when resources allowed them more variety in diet.

Many investigators claim that the substances found in the husks of grain differ from the soluble substances found in fat which relieved the

condition of those animals fed upon the chemically pure diet. They refuse to call the fat soluble substance by the same term, *vitamine*. However, this contention will probably lead to more extensive and valuable experiments. Whatever the difference in name may be, one thing is certain that these soluble substances found in certain fats and husks of grain are "Life preservers."

How many of us ever realized that such little substances that cannot even be analyzed by man, played such an important role in our existence.

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### Military Hospital Lantern Slides

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An Ontario minister the other day borrowed from the Military Hospitals Commission a set of lantern slides. Those slides show what goes on at the hospitals and sanatoria. That is, they show something of how our injured soldiers are being restored to health and to power for self-support, however serious their injuries may be. The minister exhibited the slides at three country churches under his charge. In returning the set he writes:

"My recording steward, who is also the post-master and chairman of the local recruiting league, says they should be shown in every community. They meet the unrest in many families who have feared that the maimed who will return will be forced to sell lead pencils or such like.

"What I should have done was to ask them for a longer period and put them on in every available church in this district. A man with a well prepared lecture and a few local slides could render a valuable service to the country, both in allaying the unrest above referred to and in removing the prejudice in some families from which recruits might be secured."

The slides, with explanatory notes, may be borrowed by ministers and other responsible persons, free of charge. Application should be made to the Military Hospitals Commission, 22 Victoria Street, Ottawa.

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### HAPPINESS

If thou workest at that which is before thee, following right reason seriously, vigorously, calmly, without allowing anything else to distract thee, but keeping thy divine part pure; if thou shouldst be bound to give it back immediately; if thou holdest to this, expecting nothing, fearing nothing, but satisfied with thy present activity according to nature, and with heroic truth in every word and sound which thou utterest, thou wilt live happy; and there is no man who is able to prevent this.—Marcus Aurelius.



## Examination Papers of the California State Board

### URINALYSIS.

Correct answer carries weight of 20 per cent.

1. (a) Which is the most serious and why: incontinence, retention, or suppression of urine.  
(b) What is the condition of urine in diabetes mellitus?
2. (a) Give three reasons why it is necessary to test urine before an operation.  
(b) Write a normal urinalysis.
3. What four conditions either diminish or increase the amount of urates?
4. (a) In what four diseases is albumin often found in the urine?  
(b) What is the best time of the day to collect a single specimen of urine? Why?
5. Where and how is urine secreted?

### *Dietetics*

Correct answer carries weight of 10 per cent.

1. Prepare a table giving a classification of foods and an example of each classification.
2. (a) What class of food is *restricted* in a rachitic diet?  
(b) What class of food is *increased* in a rachitic diet?
3. (a) Name five foods in which there is a comparatively large amount of iron.  
(b) Name five foods which are rich in calcium.
4. (a) How would you prepare, bake and serve a potato?  
(b) Which is more nutritious and digestible, a baked or a boiled potato?
5. Give a receipt for making oatmeal gruel.
6. (a) What is the most serious objection in giving a bottle-fed infant sterilized milk?  
(b) What is your care of pasteurized milk after it has been removed from the fire? Give reason.
7. (a) What foods are restricted in chronic nephritis?  
(b) Give two reasons.
8. Give three reasons why peas and beans are valuable in health, and one reason why they are unsuited for use in intestinal disturbances.  
(a) What do you understand by the term calorie?  
(b) Name six (6) points which influence the amount of food required.
10. Give the names of the enzymes in the various digestive juices and their action on food substances.

*Ethics*

Correct answer carries weight of 20 per cent.

1. Give some reasons why the custom of accepting money other than the fee is to be avoided.
2. What is the difference between nursing etiquette and nursing ethics?
3. If the doctor in charge of a case has called a nurse and he was later released on the patient's request, what should the nurse do?
4. When a graduate nurse is called on temporarily to supply on general duty in any hospital, what should be her attitude toward the nurses in training, and toward the head nurse who is an undergraduate of the school?
5. What do you consider is the ethical aspect of State Registration?

*Bacteriology*

Correct answer carries weight of 20 per cent.

1. Name two methods by which bacteria may be destroyed.
2. Name three essential points that must be taken into consideration in destroying bacteria.
3. (a) For what purpose is the Wassermann Test?  
(b) For what purpose is the Widal Test?
4. Define immunity. State different kinds of immunity and give an example of each.
5. How should you disinfect a room following a case of scarlet fever? Give detail.

*Communicable Diseases*

Correct answer carries weight of 20 per cent.

1. Name at least five (5) points in nursing care you would see were fully carried out with a patient, in a private house, suffering from pulmonary tuberculosis.
2. What prophylactic methods should be used to prevent the spread of the following:  
(a) Rabies; (b) Typhoid Fever; (c) Malaria; (d) Infantile Paralysis; (e) Diphtheria?
3. (a) What two complications are most feared in measles?  
(b) How should you guard against them?  
(c) What two complications are most to be feared in scarlet fever?  
(d) How should you guard against them?
4. State incubation period of the following:  
(a) Scarlet Fever; (b) Measles; (c) Diphtheria; (d) Whooping Cough; (e) Mumps.
5. What is a typhoid carrier? Write a short sketch (not exceeding 50 words) tracing the steps by which a typhoid carrier may be responsible for an epidemic of typhoid fever.



*Pediatrics*

Correct answer carries weight of 10 per cent.

1. (a) If a child had convulsions, what two common treatments would you give before the arrival of the doctor?  
(b) Give two common causes for convulsions.
2. Give the character of four kinds of abnormal stools in a nursing infant and reasons.
3. Give the nursing care of lobar pneumonia from the onset to its resolution. (Not more than 50 words).
4. Write a short sketch on giving a steam inhalation to a child two years old. (Not more than 50 words).
5. What is the nursing care in marasmus?
6. (a) How would you obtain a specimen of urine from a female child two years old?  
(b) In what three ways may a nurse try to stop nocturnal enuresis?
7. Give the nursing care of a premature infant.
8. What should you do and not do, to remove a bean from a child's ear?
9. Give the diet of a child of (a) 12th to 18th month; (b) three years; (c) six years.
10. (a) How should you take the temperature of a struggling child?  
(b) What are four simple methods a nurse should employ, in an attack of croup, until the doctor arrived?

*Materia Medica*

Correct answer carries weight of 10 per cent.

1. Give steps showing how you obtain your answers for the following problems:  
(a) Reduce 2 grammes to Apothecaries' units.  
(b) How much of a 1-1000 solution will have to be used in making up 10 pints of 1-5000 solution?
2. (a) Give Young's rule for dosage.  
(b) If an adult's dose is 12 grains, what dose should you give to a child of ten years?
3. What is meant by the following:  
a.c.; p.c.; q.s.; sp.g.; s.o.s.; ss.; t.i.d.; KI; gm.; gr.; aa?
4. Name four (4) points in giving iron preparations which a nurse should observe.
5. Give the average dose of the following:  
(a) Atropine Sulphate; (b) Nitro-glycerine; (c) Morphine Sulphate; (d) Castor Oil; (e) Calomel; (f) Magnesium Sulphate; (g) Pituitrin; (h) Pilocarpin; (i) Tincture of Digitalis; (j) Fluid Extract Cascara.
6. (a) Name a common fluid preparation of arsenic.  
(b) Name three symptoms of over-dosing of arsenic.
7. What conditions should you observe in administering an hypnotic in order to assist its action?

8. You have 1-30 grain hypodermic tablets. How would you prepare a 1-20 grain dose to be given by hypodermic?
9. In an emergency what would you do in a case of severe poisoning by (a) an acid; (b) an alkali?
10. What preparation and strength would be used as: (a) a hæmostatic; (b) a diuretic; (c) a cholagogue; (d) an analgesic.

### *Hygiene*

Correct answer carries weight of 10 per cent.

1. (a) Name six (6) quarantinable diseases.  
(b) Name six (6) diseases reportable by law.
2. What do you understand by humidity? Write a short discussion of why people die of heat when the humidity is high.
3. (a) Name four (4) occupational diseases and their causes.  
(b) Name three (3) diseases carried by flies.
4. Give important reasons why teeth should have careful care.
5. Name six (6) subjects of which school nurses may talk to their pupils on personal hygiene.
6. If you were a public health nurse name four (4) conditions on which you should report to various boards of the city, in order to raise the health of the community.
7. In case of death from contagion what care should you take of the body?
8. In what ways is food adulterated?
9. What points in personal hygiene are of special importance to nurses?
10. In what two (2) ways is water purified?  
Name at least three (3) points you would consider essential in efficient ventilation.

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I'm only a poor simple Tommy,  
In a hospital tunic of blue,  
But along with the other "Bluebottles"  
I'm eternally grateful to you.  
It's only a grin and a "Thank you";  
A handshake, an awkward "Good-bye";  
But we'll carry your memory with us—  
A memory that never shall die.  
As we fitfully doze in our dug-outs,  
'Mid the shells, and the blood, and the "slosh,"  
In our dreams we shall hear your voice calling,  
"Six o'clock, Tommy—get up and wash!"

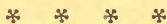
—M. W. H., in *Nursing Times*.



## Editorial



The difficulties of a programme committee must be known to be really appreciated and the work of the committees of the two societies this year is much harder than usual owing to war conditions. So the complete programme is not ready for the press as yet, but we hope to have it in the next issue. The papers are after all the least important of the proceedings for the discussions, the motions brought up, the changes made in the constitution and by-laws, the standardization of our training schools, a united effort for registration that really means something, are not these the things that really matter in the position our Canadian nurses hold in the estimation of all at home and abroad? In the letters to the Editor will be found an example of what is meant. One does not have to go so far afield to know the difficulty of getting any satisfactory information about any but a very few of the Training Schools of Canada. When every small hospital gives a three years' course regardless of how valuable the course is to the student nurse, and so few of the big hospitals will open their doors to the pupils wishing to affiliate and so few of the small hospitals make any effort to see that such a course is obtained for their pupils, what sort of a standard will we have? This is not a question for the Superintendents only, but every Alumnae Association owes it to the future members of her Association that such a complete training is either given or received by her Alma Mater.



It is good to know that after much work with the law makers of the United States we as trained nurses are given a professional standing and can enter now without the fear of such disagreeable cross-questionings and the sending back to Canada as happened to some of our nurses going to help in the care of infantile paralysis cases in New York last year. Much praise must be given to those who persevered and finally got their views confirmed by the Government. It was very probably an oversight when the original bill was passed that nurses were not included in the professions, but it has been very hard to pass the amendment.



In a letter from Montreal we get the following information about the arrangements for the Convention: The official headquarters will be in the Windsor Hotel, and the proprietors have given us the special prices of: Double rooms with bath, per day, \$4.00; single rooms, per day, \$3.00; single rooms without bath, per day, \$2.00. The hotel is giving us the use of their hall for the meetings.



The following letter and circular have been received from the office of the Minister of Finance. I need add nothing further excepting to advise all to secure a copy of the interesting address referred to and to urge that the nurses heed the advice of the Minister as to thrift and saving:

DEAR MADAM:

I have been instructed by the Minister of Finance to send you, under separate cover, a copy of his address on "Canada's Need for Greater National Saving," together with other matters relative to the new War Savings Certificates.

In the campaign which has been inaugurated for increased saving, the Minister desires to have the earnest coöperation of all representative organizations. It will be esteemed a great service, therefore, if, as head of the Victorian Order of Nurses, you will be willing to assist in the movement by bringing the need of saving and the War Savings Certificates as prominently as possible before your branches and membership.

The promotion of greater thrift is of such national importance that I feel sure that any appeal or suggestion you may make will have the earnest support of your organization.

Yours faithfully,

B. J. ROBERTS,  
Assistant Secretary to the Minister.

Miss Mackenzie,  
578 Somerset Street,  
Ottawa, Ont.



## HELP TO WIN THE WAR

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Those who cannot go to the front can help in a most practical way by saving their money and placing it at the disposal of the Government to assist in financing the war.

As an incentive to thrift and greater national saving, the Government of Canada has created an issue of War Savings Certificates, in order that all who are desirous of helping financially may have the opportunity of doing so.

The Certificates, which mature in three years, are issued in denominations of \$25.00, \$50.00 and \$100.00, and may be bought at any Bank or Money Order Post Office. The prices are \$21.50, \$43.00 and \$86.00 respectively,—that is to say for every \$21.50 lent to the Government now, \$25.00 will be returned at the end of three years. The discount of \$3.50 constitutes a most attractive interest return.

Provision is made whereby the certificates may be surrendered at any time during the first twelve months at their purchase price, after twelve months, but within twenty-four months, at \$22.25, and after twenty-four months, but within thirty-six months, at \$23.25 for every \$21.50 paid. This means that the longer the certificates are held the higher the rate of interest that will be obtained.

Each Certificate is registered at Ottawa in the name of the buyer and, if lost or stolen, is valueless to anyone else. Individual purchases are limited to \$1,500.

For full information apply at any Bank or Money Order Post Office.

BUY A CERTIFICATE TO-DAY  
OR START TO SAVE FOR ONE

W. T. WHITE,  
Minister of Finance,

January, 1917.

Ottawa.

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

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## Editorial Acknowledgment

The Canadian Nurses' Association extends its thanks to the Toronto Chapter of Ontario Graduate Nurses' Association for its handsome donation to the "Canadian Nurse Magazine" Fund.



### **The Canadian Nurses' Association and Register for Graduate Nurses, Montreal**

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.

Second Vice-President—Miss Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Club Room, 638a Dorchester Street West.

The monthly meeting of the Association was held in the Club Room on Tuesday evening, March 6th, when Dr. Thornton, Prof. of Dentistry at McGill University, delivered a most interesting illustrated lecture on "Nature's Great Incubator—the Mouth." The Doctor has been at the front, and has many interesting slides showing the wonderful help they have been able to give to men whose jaws have been shattered.

Miss Day is leaving shortly for overseas service.

Several of our members are out of town, many with typhoid patients in St. Johns, P. Q.

The annual meeting of the Edith Cavell Chapter was held in the Club Room on Thursday evening; March 15th. Miss Fairley presided, owing to Miss Hersey's absence in Toronto. The report of the Secretary showed a large amount of work had been done during the year. Many comforts, such as dressings, socks, caps, wristlets, &c., having been sent to the men at the front.

The Chapter is supporting five prisoners of war, and it was agreed to add another.

The officers were all re-elected for the coming year, Miss Fairley keeping the office of First Vice-President, which she kindly accepted when Miss Young left for France, until the end of the year.

We are glad to hear that Miss Kelly is recovering after her long illness.

It is with deep regret that we learn of the death of Mrs. Rolph (nee Alma Bush), Class of '92, M. G. H. Mrs. Rolph was a charter member of our Association and was one of our pioneer nurses. She had many friends in Montreal. Last year she had a paralytic seizure, from which she only partially recovered. Her husband is at the front. A daughter and three sons survive her. Our heartfelt sympathy goes out to them in their bereavement.



## Letters to The Editor



Taihoku, Formosa, February 19, 1917.  
Japan

DEAR EDITOR:

I have looked in "The Canadian Nurse" for an article similar to the accompanying one, but have failed to see it. It is really an advertisement, and I wonder if you will be pleased to publish it. However, I send it, with the hope and prayer it may bring someone good—if not us, someone else. Thanking you for your space, should it be published, and trouble, I am,

A Nurse in the Orient,

ISABEL ELLIOTT.

Taihoku, Formosa, February 21st, 1917.

DEAR CANADIAN NURSE FRIENDS:

This letter is sent with the hope that Mission Hospital news may be of sufficient general interest to receive a welcome in your magazine, and also with the hope that someone reading this may see anew the need and opportunity in these Eastern lands, and may be led to cast in her lot with those of us who are doing our bit here, in fighting the daily battle against filth and disease, sin and darkness, superstition and death.

Ours is a general hospital of eighty-one beds, besides several extra couches for emergencies. The patients are mostly Chinese, with a few Japanese, and occasionally a foreigner from the foreign community. By foreigners in this country, we mean an English-speaking person.

The staff comprises: One foreign man doctor; one foreign nurse; three native assistants from the Japanese Government Medical School; nine native nurses in training, and three dispensers. The accompanying photograph is of our courtyard, with the hospital built round about it. The work is hard, but the opportunities are boundless. Opportunities to help a people so in need of it. Opportunities to teach them the value of

It isn't the thing you do, dear,  
It's the thing you leave undone,  
Which gives you a bit of heartache  
At the setting of the sun!  
The tender word forgotten,  
The letter you did not write,  
The flowers you might have sent, dear,  
Are your haunting ghosts to-night.

—M. E. Sangster.

cleanliness, of hygiene, of the proper care of their children; opportunities through the personal touch, to show them the love of a Saviour who has given Himself for them.

This is my fifth year in Formosa, and my furlough is due in 1919. It is most necessary that a nurse should be on the field before 1918, that she may get a working knowledge of the language, before starting work in the hospital, when my furlough comes due.

May I hope that even if this letter brings no response for active service here with us, that we may have your sympathetic interest and prayers. Anyone wishing to write to me regarding the work, I will be glad to answer, or by corresponding with the Secretary of our Board, Mrs. MacLennan, 30 Murray Street, Toronto, Ont., a more prompt reply could be received, as letters travelling to and from Formosa cover two months.

Yours sincerely,

ISABEL ELLIOTT,  
Canadian Presbyterian Mission,  
MacKay Memorial Hospital,  
Taihoku, Formosa.

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## Hospitals and Nurses



### NEWFOUNDLAND

#### HONOR MEMORY OF HEROIC NURSE

#### *Appeal for Support of Memorial to Miss Edith Cavell*

(By A. N. Gosling, Secretary W. P. A.)

The murder of Miss Edith Cavell, a devoted woman and one of our latter day saints, is by many people considered the most atrocious act of frightfulness committed by the Germans during the Great War. At any rate, nothing in their many acts of infamy has brought upon them more wholesale condemnation from the entire civilized world.

It is fitting that there should be some personal memorial to Edith Cavell's noble life and heroic death, and it is felt that nothing could more appropriately commemorate these than founding the Homes of Rest for ill or over-worked nurses, which she herself had always hoped to establish as her dearest wish.

It would appear that there is a real and pressing need for these homes, a need which will become more acute as the war progresses. It would be difficult to exaggerate the services which modern trained nurses render to the nation at a time like this. Their unselfish devotion



to the sick and wounded; the gallant cheerfulness with which they have faced discomfort, weariness and pain; the disciplined courage they have evinced in danger, are a conspicuous example of the splendid patriotism shown by women everywhere during this time of national stress. The nurse has fought for King and Country in this great struggle as truly as any soldier in the trenches. It is therefore only right that the Memorial projected to keep green the memory of Edith Cavell's martyrdom, should embrace also the recognition of the active, self-sacrificing and efficient national service of nurses who are bearing the burden and heat of the day, and saving the lives of our men at the front.

The Women's Patriotic Association has been requested and has promised with the coöperation of the Nurses' Association, to undertake the collection of a fund in Newfoundland to assist in this enterprise of the establishment in England and ultimately throughout the Empire, of Homes of Rest for Nurses, who through their incessant labors arising out of the war, or from any cause have become temporarily in need of mental or physical rest.

Here is a patriotic fund which must appeal to all. It would be hard indeed to find the man or woman who does not, humanely speaking, owe his or her recovery from illness, or the recovery of some one near and dear, to the tender ministrations of the trained nurse. Here is the chance to discharge in some measure, this obligation. Do not let it slip. We frequently see in our newspaper columns, grateful acknowledgments from ex-patients in our hospitals, of the many kindnesses received at the hands of their nurses. How could these persons more appropriately display their gratitude and admiration than by giving, as their means allow, towards this fund for the benefit of nurses during illness?

The subscription list is now opened and will remain open for three months, to allow those living at a distance from St. John's an opportunity to contribute. From March 1st donations will be acknowledged regularly through the press. Contributions may be sent to the Hon. Treasurer, Miss Southcott, King's Bridge Road, or to any member of the Council, or the W. P. A. Executive Committee, or to the newspapers.

At the end of May the fund will be closed and our contribution despatched to Headquarters in London.

Give what you can to help, be it much or little, in recognition of the worthy object of this appeal, and let our contribution be one of which Newfoundlanders may be proud.

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#### NOVA SCOTIA

The Esequiba, Hospital Ship, was in port last week, having brought over a large number of wounded men. On the return trip about fifty nurses from different parts of Canada went as passengers. Sisters Fraser, Kendall, and Cameron, of Halifax, were among the number. About fourteen English Sisters were on duty on the Hospital Ship. They

were entertained one afternoon to a sleigh drive by the Daughters of the Empire. Later on in the afternoon, they had tea at Government House. The Matron and several Sisters of the Station Hospital were invited to meet them.

A branch of the St. John Ambulance Brigade has been formed in Halifax, with a large attendance. Classes are held in a room kindly loaned by the School for the Blind. Mrs. Bowman, Superintendent of the V. G. Hospital, has been appointed Superintendent of the Brigade, with five nursing officers, Mrs. Bligh, Mrs. McIntosh, Miss Pemberton, Miss Pickles and Miss Fraser. Practical demonstrations are held every week. Major McAllister, Captain Hattie and Prof. Fraser Harris are the medical men in charge of the Brigade.

Presbyterians all over Canada will be interested to know that "Pine Hill College," Halifax, has been loaned to the Government for use as a convalescent home for returned soldiers. With its beautiful situation overlooking the north-west arm, it is admirably adapted for the purpose. It will accommodate one hundred and sixty men. Major Weatherby is in charge, assisted by Capt. McCurdy. The Matron is Miss Graham, late Sister in the Station Hospital. Her staff consists of Sisters Sutherland, Thompson, Dunlap and F. Fraser, who have lately joined the A. M. C. Nursing Sisters Kennedy and Sutherland and E. McDonald, who have been on construction trains during the winter, have returned to Halifax. At date of writing, another hospital ship has arrived in port, with a large number of returned soldiers. They are being cared for at Pier 2, which has lately been converted into a clearing hospital. The last meeting of the N. S. G. N. A. was well attended, notwithstanding the weather. It was held at the Nurses' Residence of the V. G. H.

#### NURSES AND THE FRANCHISE FOR WOMEN

The following is the precise wording of the suffrage resolution unanimously passed by the Nova Scotia Graduate Nurses' Association at its meeting held this week:

"Resolved: That the Graduate Nurses' Association of Nova Scotia, put themselves on record, and approve of the advisability of granting the franchise to the women of the Province of Nova Scotia. Knowing that this is a work in which women and men, whether organized for suffrage or the moral and social welfare of the people, are interested, we decided not to dissipate our energies in trying to form new societies, but to work as far as possible through existing nursing organizations and other organizations of women and men favorable to the cause and that this committee do earnestly strive to bring about the cause of suffrage by working along the line of political education."

Nurses doing private work in the city this winter have been kept very busy, and at present so many nurses have received military appointments that it is almost impossible to obtain a nurse for private or hospital duty.



## NEW BRUNSWICK

*An Abstract from Bill—Passed 29th April, 1916*

WHEREAS, it is expedient that a certain standard of qualifications for nursing in New Brunswick shall be established for the protection of the public, to be required of each registered practitioner of the profession, and that a certain measure of protection shall also be afforded to those nurses who duly qualify and register:

The said Association shall have power to acquire by purchase, lease or otherwise, and to hold and own, real estate as may be reasonably necessary to provide facilities for its meetings and other association purposes, and to alienate, exchange mortgage, lease or otherwise charge or dispose of the same or any part thereof, as occasion may require; and all fees, fines and penalties receivable or recoverable under this Act shall belong to and be the property of the Association.

The said Association may act as trustee of any funds which may be committed to the care of the Association for benevolent purposes.

The said Association may pass by-laws and prescribe rules and regulations not contrary to law or inconsistent with this Act for all purposes relating to or bearing on the affairs, business and property of the Association, its management, government, aims, objects and interests; the appointment, functions, duties, remuneration and removal of all officers, agents and servants of the Association, and the security, if any, be given by them to the Association; the assistance of necessitous members; the management and disposition of benevolent funds committed to the care of the Association; the issue of registration certificates; the time at which and the place where the annual and special meetings of the Association and of the Council shall be held; the calling of all such meetings, the quorum; the requirements as to proxies and the procedure in all things at such meetings; the fixing of the amount of the annual membership fee; the suspension, revocation and annulling of registration and of certificates of registration and for the conduct in all particulars of the affairs of the Association.

The affairs of the Association shall be under the management of a Council composed of such number of members, not exceeding twelve, as may be prescribed by the by-laws of the Association, each of whom must be a member of the Association in good standing. The Council shall be elected at a special meeting of the Association called for that purpose, or at the annual meeting of the members of the Association, or at such time and in such manner as the by-laws of the Association may provide. The election of the Council and all other questions voted on at a meeting of the members of the Association shall be decided by a majority of votes of the members present in person or in such other manner as may be provided by by-law, each member in good standing being entitled to one vote, and absent members may, if the by-laws so permit, be represented and vote by proxy; the holder of such proxy, however,

to be a member of the Association. The Council shall remain in office for the period or periods fixed by the by-laws of the Association, and shall continue in office until their successors are appointed. If a member of the Council shall die, resign, remove from the Province, or become incapable vacant; and any such vacancy may be filled by the remaining members of the Council by the appointment thereto of a duly qualified member of the Association who shall act until the next annual meeting of the Association. It shall be lawful for the members of the Council present at any duly called meeting of the Council, provided not less than five members are present, to exercise all the functions and powers conferred upon the Council by this Act.

There shall be a Board of Examiners (hereinafter in this Act called the Board) consisting of five persons, to examine and pass upon the qualification for registration of all applicants under the provisions of this Act. Three members of the Board shall be appointed in such manner and for such term as may be provided by by-law of the Association, and the other two members of the Board shall be registered medical practitioners appointed by the Council of Physicians and Surgeons of New Brunswick.

It shall be the duty of the Board, in the month of January in each year, to notify qualified graduate nurses desiring to be registered under the provisions of this Act of the times, places and subjects of the examinations for registration, by publishing notice thereof in the "Royal Gazette," and in one or more newspapers having general circulation in the Province, in accordance with the by-laws of the Association. Examinations shall be held not less than once in each year and shall be conducted by such persons in such manner and at such times and places as shall be prescribed by the Board therefor. Any graduate nurse who applies for examination and who shall furnish satisfactory proof of good moral character shall, upon payment of the prescribed fee, not exceeding five dollars, be entitled to take the examinations, and if found to be qualified shall be entitled to receive from the Board a certificate of qualification entitling such applicant to be registered. Applications for examination shall be made upon blanks to be furnished by the Board, and shall be signed and verified by the applicant as required by the Board.

It shall be the duty of the Board, subject as hereinafter expressed, to grant a certificate of qualification to each applicant who is the graduate of a Hospital, located within the Province of New Brunswick, which has a daily average of not less than fifteen occupied beds, and of any Hospital located without the Province of New Brunswick which has a daily average of not less than twenty-five occupied beds, who has had training in medical, surgical and obstetrical nursing within the Hospital, or by affiliation, for a period of not less than three consecutive years, and who has passed the examinations given by the Honorary Medical Staff connected with such Hospital, and who shall pass the examinations prescribed by the Board.



Provided, however, that in the case of qualified nurses at the time of the passing of this Act, absent from the Province on professional service on behalf of the Empire in connection with the war, who apply therefor at any time after their return from such service, and in the case of all other qualified nurses who apply therefor within two years next after the passing of this Act, such certificate shall be granted without requiring the applicant to pass any examination prescribed by the Board nor to have had more than two full years of training.

And provided also, that no such certificate shall be granted except upon production of evidence satisfactory to the Board of the qualifications of the applicant under the foregoing provisions of this section; that the applicant is of good moral character; and, except in the case of nurses so absent in professional service in connection with the war, and that the applicant has been a resident of New Brunswick for not less than three months before applying for registration.

This Act shall not be construed to effect or apply to or to prevent the nursing of the sick for hire or otherwise by any person who does not in any way claim to be a registered nurse or to registered nurses, non-residents of the Province, who visit this Province as companions or nurses for non-residents temporarily here, or who are called to attend a case in this Province by resident registered physician.

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Misses Margaret Davies, Ella Cambridge, Pearl Fox, graduates of the G. P. H. St. John, left recently for Halifax for overseas service. Miss Wishart and Miss Florence Armstrong, two St. John nurses, who have been on duty at the front for the past two years, returned last week with a hospital ship. Miss Armstrong has gone back with the ship, but Miss Wishart, on account of illness, will remain for a month. A very pleasant evening was spent March 30th at the Church of England Institute. Miss Wishart was present.

\* \* \* \*

### QUEBEC

#### *Montreal General Hospital Alumnae Association*

Miss K. N. Wilson is spending the winter in Dover, Maine.

Miss Daly (Class '16) has been taken on the staff of the Surgical Operating Room at M. G. H.

Miss M. V. Young, of Quebec City, was the guest of Miss Shaw on Sherbrooke Street, for several days recently.

Nursing Sister J. Peltier lately returned to London, Eng., after long services in the Mediterranean.

Nursing Sister Holland (Class '13) and Nursing Sister Strathy (Class '14) have been decorated with the Royal Red Cross for special services in Salonica. The latter has been very ill with pneumonia in England, but we are pleased to say is making a good recovery.

Miss A. Jamieson has returned after spending the winter in Quebec, P. Q.

Miss McLeod (Class '16) and Miss Murphy (Class '17) have taken charge of two of the military wards in the M. G. H., each ward accommodating over fifty patients.

Miss Purdy (Class '16) has lately taken over the position as Assistant Superintendent of Children's Memorial Hospital of this city.

Some of our nurses who went over with Laval Unit have been on duty in different hospitals in England until lately, when they were sent on to Troyes, France, to join the organization there. They visited the McGill Unit en route. The number included Nursing Sisters Terrill, Moores, Knight and Erquhart.

A miscellaneous shower was given Miss Thomas (Class '14) in the drawing room of the Nurses' Home on the evening of March 13th, last, by the senior nurses of the training school, the staff of the hospital being present, who presented a silver pudding dish. Miss Thomas has been in charge of a military ward in the M. G. H. since the beginning of the war. She is to marry in April Dr. Lennox of this city. We all extend hearty good wishes for a happy married career.

Mrs. Henderson (nee Miss Viola Hersey, Class '94) commandant of the V. A. D. for District of Montreal, took sixty-five V. A. D. nurses abroad and placed them in different hospitals in England, and afterwards visited many hospitals in France. Mrs. Henderson went to Quebec City a few weeks ago and gave a very interesting lecture at the Chateau Frontenac, for the purpose of organizing a V. A. D. class in that city.

Twenty nurses received their graduation medals and diplomas on March 28th. The list is as follows: Misses Helen E. Tracey, Montreal; Lillian Casswell, Beachburgh, Ont.; Jessie I. Smith, East Calgary; Dorothy B. Moss, Victoria, B. C.; Gladys R. Nelson, Montreal; Evelyn D. McGinnis, Iberville, Que.; Jane A. Murphy, Riviere du Loup, Que.; Nina F. Sharp, Exeter, South Devon; Evelyn MacGregor, Martintown, Ont.; Nellie Cather, Demarara, B. W. I.; L. M. Brissenden, Middlesboro, Yorkshire, Eng.; Elspeth Gruer, Aubrey, P. Q.; Elizabeth Sowler, Foster, P. Q.; Olive T. Welsh, Montreal; Mary L. Cameron, Canso, N.S.; Catherine Livingstone, Sidney, Cape Breton; Lillian M. Tracey, Beachburgh, Ont.; Lillian A. Stewart, Howick, Que.; Amy E. McKay, Perth, Ont.; Bertha E. McDonald, Alexandria, Ont.

Nurses who have lately gone overseas with the C. A. M. C. are: Misses V. Larter, L. Larter, E. Sargeant and W. Ridell.

Miss Robinson (Class '16) has gone to the front with Queen Alexandra's Imperial Nursing Service.

Miss Wall (Class '12) of Vancouver, B. C., is with the Ontario Military Hospital at Orpington, Kent, England. She is the only graduate there from the M. G. H.



Miss M. A. Day (Class '11) is leaving presently for overseas service.

*Notes from the Alumnae Association of the R. V. H., Montreal*

Nursing Sisters Mabel Clint, (Class of '10) Jessie A. Robertson, (Class '10), Ida B. Smith, (Class '08) and Flora H. Wylie, (Class '10), were recently awarded the Royal Red Cross, second class. Miss Wylie was in Paris when war broke out and immediately offered her services and has been on duty continually ever since, excepting for a short leave home last summer. Misses Clint, Smith and Robertson joined the C. A. M. C. and sailed for overseas service with the first detachment of nurses in April, 1915. Miss Robertson has served in France and is now in Ramsgate. Misses Clint and Smith, after some month's service in France, were appointed to No. 1 Canadian Stationary Hospital with the British Medical Force and went to the Island of Lemnos, remaining there during the Gallipoli campaign. During this time owing to her devoted and unceasing service, Miss Clint contracted a serious illness, from which she is only now recovering. Miss Smith is now serving in France.

Mrs. Ronald Scott (Miss Violet Matthews, Class '11), is now in London where she is actively engaged in Canteen and Red Cross work. Her husband, Captain Ronald Scott, R. A. M. C. Medical Officer of the First Royal Scots Fusiliers, has been granted permission by the King to receive the French Croix de Guerre. Capt. Scott was wounded some time ago, and while on sick leave he and Mrs. Scott spent a few days in Canada.

Miss Olive Ross (Class '09) writes very interestingly of her work in St. Ignasius Military Hospital, Malta, where she is at present in charge of the operating room.

\* \* \* \*

#### ONTARIO

A cable has been received from Miss Jessie Shaw, who left Collingwood to join the Q. A. I. N. S., of her safe arrival in London, England.

Miss L. E. Sutherland is at her home in Bradford, nursing her mother, who is ill.

Miss Minnie McDonald is home on sick leave from the Base Hospital, Toronto.

On Saturday, March 3rd, Miss Gunn, of the Toronto General Hospital, entertained at tea in honor of Miss Florence H. Dolson on the teaching staff of the training school, who had resigned her position for active service with the Q. A. I. N. S., and also for Miss A. M. Baird and Miss N. Norton, both head nurses of the hospital staff, who had received appointments with the C. A. M. C. A large number of the graduates were present, including the class-mates of the guests of honor, many of whom were already in C. A. M. C. uniform. The staff of the hospital were also present and Miss Purdy poured tea.

Miss Carrie Cherry (Class '06), Toronto General Hospital, left

early in March in charge of a party of C. A. M. C. nurses for active service.

At a meeting of the graduates of the Training School for Nurses of the Toronto Hospital for Incurables, held February 19th, 1917, an Alumnae Association was organized. The officers for the ensuing year were elected as follows: Honorary President, Mrs. A. A. Jackson, 338 Symington Avenue, Toronto; President, Miss Esther M. Cook, Toronto Hospital for Incurables; Vice-President, Miss Margaret M. Bowman, 29 Tyndall Avenue, Toronto; Secretary-Treasurer, Miss Alice M. Lendrum, Toronto Hospital for Incurables; Press Representative, Miss Margaret A. Ferriman, Toronto Hospital for Incurables. Regular meetings of the Alumnae will be held the third Monday of each month.

\* \* \* \*

#### ALBERTA

The Red Cross Circle of the C. A. G. N. A. held a card party and tea at the home of Mrs. Walter Scott and raised six dollars for the soldiers. By means of a guessing contest another seven dollars was added for the local military hospital.

Miss Murphy, head nurse of the Calgary General Hospital operating room, has gone to California for three months on leave.

Miss Frances McMillan, who was head nurse for five years in the C. G. H., has accepted the position of Assistant Superintendent at the Royal Alexandra Hospital, Edmonton.

Miss Lovick, who has taken a post-graduate course at Grace Hospital, Detroit, is returning in April to take charge of the obstetrical ward in the C. G. H.

The C. A. G. N. deeply regrets the resignation of their President, Miss Mundie. She has worked well for the interest of the association, having initiated the knitting circle, sick visiting committee and the Round Table discussions. She has nursed many years in Calgary and accompanies General and Mrs. Cruikshanks to Ottawa.

The above association has sent overseas from among its members the following nurses: Miss Bailey and Miss Payne, both graduates of the Calgary General Hospital, going under the British Government Imperial Queen Alexandra Nursing Service. These nurses left on March 19th under the Canadian Army Service; the Misses Berg, Gilbert, Swanston and E. Willison, graduates of the Holy Cross Hospital, Calgary; Misses Griffiths and, Pretchelt, of the Calgary General Hospital; Miss E. Reid, of Victoria Hospital, London, Ont.; Miss Eleanor McPhedran, graduate of New York Hospital, late superintendent of Ogden Convalescent Home for Soldiers; Miss Nellie Shearer, graduate Protestant Episcopal Hospital, Philadelphia; Miss Fraelich Berlin, Waterloo.

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#### BRITISH COLUMBIA

In a letter from Miss Morrison, No. 5 Canadian General Hospital, she asks that through the *Canadian Nurse* "That we, the Sisters of No. 5



Canadian General Hospital, thank the G. N. A. of B. C. for the pretty Christmas card and dainty handkerchief sent to each of us. We appreciate the thought as well as the gift. V. G. H. graduates wish to thank their Alumnae Association for the Christmas remembrances sent them."

Matron Wilson is on leave in England.

Sisters Osborne, Collis and Carvolth have left for England on leave.

Nursing Sister Ann Rodd, of Vancouver, has been visiting in Ottawa, where she is the guest of her brother, Mr. J. A. Rodd, before leaving for overseas service.

An informal ceremony took place at St. Joseph's Hospital in Victoria last week when four of the nurses received their diplomas on completing their three-year courses. The graduates are Miss Dorothy Winter of Kelowna, Miss Violet Walker of Victoria, and Miss Myrtle Starrett and Miss May Mackenzie of Vancouver. The valedictory was read by Miss Starrett.

Two wards have been opened at St. Joseph's Hospital, Victoria, for returned soldiers.

Miss Russell, Assistant Inspector of the V. O. N., has recently been in Victoria on her annual tour of inspection.

Mrs. Stockton, recently of Steveston, is to take charge of the newly organized district of Saanich.

Miss Deacon, Superintendent of the Vancouver Training School of the V. O. N., was for a few days in Victoria recently.

Miss Helen McIntosh (Jubilee Hospital, Victoria), left on March 30th for overseas duty in the C. A. M. C.

The Victoria G. N. A. held its regular meeting April 3rd at the Jubilee Hospital. Several new members were accepted. Father McKee gave a most interesting talk on his experiences at the front in France.

On March 18th the following nurses left Vancouver, B. C., bound for England, to take service with the Queen Alexandra Imperial Military Nursing Service Reserve: Miss Margaret H. Murray; Miss Amelia Grace Child; Miss Julia M. Wilson; Miss Nellie E. Stirrup; Miss Alice E. Sharpe; Miss Rosa Rothwell; and Miss Nellie Thompson, all graduates of the Vancouver General Hospital; Miss Rachel Blyth, graduate Leeds Inf., Leeds, Eng.; Miss Jane Waterson, graduate Wood-erhill Hospital, New Hampshire; Miss Eileen C. Hoops, and Miss Elizabeth O. Porritt.

The second of the series of lectures arranged by the Vancouver Graduate Nurses' Association for the year 1917, was given Wednesday evening, March 7th, at the regular meeting of the Association by Mr. F. G. C. Wood, M. A., of the Department of English of the University of British Columbia, on the subject "Some Dramatists of the Present." The attendance was one of the largest and those present were indeed privileged to hear a lecture highly instructive and most edifying. As the lecturer reviewed one after another of present-day dramatists of real

worth, names more or less familiar gained much added meaning. In closing, a passing glimpse of Peter Pan and the quiet reference to Margaret Ogilvie revived sweet memories ever their own, while the knowledge derived and the recollection of the recreative hour spent in the study of the drama will not soon be forgotten. A hearty vote of thanks was tendered the lecturer.

Miss Louise Cleveland, of Port Simpson General Hospital, has taken a position at the Campbell River Hospital.

Miss May Callahan, St. Paul's Hospital, is supplying at Cumberland Hospital.

Miss Grace Dawe, V. G. H. is visiting at Los Angeles, Cal.

Miss Headington, Sault Ste. Marie, is taking the V. O. N. course in Vancouver.

Miss Locke, formerly of the school staff, Victoria, has taken up private nursing in Vancouver.

Miss McKeating, St. Paul's Hospital, has a position on the staff of the West End Hospital.

The annual meeting of the Windermere District Hospital was largely attended. The treasurer's report showed that the retiring directors had not only pulled the institution out of debt, but through the aid of the women of the district and the Provincial Government they were able to hand the hospital over entirely free from debt and with money in the bank. The Executive officers are the same as last year, being: President, Mrs. B. G. Hamilton; Vice-President, Joseph Lake; Secretary-Treasurer, Wm. Weir; Directors, Messrs. Sandilands, T. A. Pope, J. C. Pitts, C. G. T. Harcourt, A. M. Chisholm, W. H. Cleland, F. C. Stockdale, H. E. Forster, A. G. Cuthbert, N. H. Marples, C. D. Ellis and Mesdames G. E. Parham and A. Taylor; Auditors, G. A. Bennett and A. E. Fisher. The most important resolution passed was one to hand the operation of the hospital over to the Victorian Order for a period of six months, the operation to be under the local board of directors.

Among the nurses who recently had the honor of being given the Royal Red Cross were Miss Ethel Boulton, Miss Marion Marsh, and Miss Margaret Rose, all graduates of the V. G. H.

The annual meeting of the Graduate Nurses' Association of British Columbia was held at the Victoria Club, Victoria, B. C., on Easter Monday, April 9th.

The three meetings were very well attended and were most interesting, and enjoyed by all. About sixteen members, representing Vancouver and New Westminster, went over from the mainland.

The principal business of the morning was the election of officers for 1917-18. The following were elected: President, Miss Randal, Vancouver; First Vice-President, Mrs. Brown, New Westminster; Second Vice-President, Miss Grimmer, Victoria; Third Vice-President, Miss Raymond, Revelstoke; Secretary-Treasurer, Miss Breeze, Vancouver;



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HAMILTON - ONTARIO

Executive Committee, Miss Tolmie and Mrs. Carruthers, Victoria; Miss Sinclair and Miss Stott, New Westminster; Mrs. Johnson, Miss Bone and Miss Judge, Vancouver.

Mrs. Bryce Brown, retiring President, took the chair during the morning session. After the routine business, committee reports, etc., an interesting discussion took place, on what could and should be done for the disabled nurses returning from the war, ending in a committee being formed to forward a resolution to the annual meeting of the Canadian National Association of Trained Nurses, asking them to consider this matter.

The session concluded with a paper by Mrs. J. D. Broom, entitled "Impressions of the Mayo Clinic," personal reminiscences of her stay there, which was much appreciated by all present.

The Victoria Nurses' Association entertained the visiting members at luncheon, where a bouquet of red roses was presented to Mrs. Bryce Brown from the B. C. Nurses.

Miss Randal took the chair for the afternoon session, which opened with an address of welcome from Dr. Helmcken. Three papers followed: "Coast Missionary Work in B. C.," read by Mrs. Brown; "The Value of Goat's Milk for Invalids," by Miss M. Clarke, of Victoria; and "Looking Forward," by Miss Bone, of Vancouver. "Question Box" followed, the value of which was demonstrated by the questions and animated discussions on them.

The Victoria Nurses were "at home" at the Alexandra Club for tea with a musical programme, and a very pleasant social hour was spent.

The members were addressed at the evening session by Dr. J. W. McIntosh, who spoke of the nursing problems to be solved in regard to the nurses returning from the war, special training for nurses along certain lines, and the plans for State Medicine, and how it would eventually affect the nurses.

After a hearty vote of thanks to the Victoria Nurses for their hospitality and the very enjoyable day, the meeting adjourned.

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The annual report of the Ottawa Chapter of the Daughters of the Empire states that since that organization undertook the collection of waste paper, in July, 1915, their receipts from this source have been \$9,246. The expenses of collection were \$1,204, leaving a net profit of \$8,042 for patriotic purposes. Over 550 tons were gathered.—*Conservation Bulletin*.

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It is reported that two Paris surgeons have discovered the germ that causes gangrene, and they have prepared a serum to combat it.



### Births

CORRIGAN—At 11 Atkin Avenue, Toronto, on February 17th, to Mr. and Mrs. Robert Corrigan, a son. Mrs. Corrigan was Miss Melissa Shand, (T. G. H., 1913.)

THOMAS—At Barrie, Ont., on March 27th, 1917, to Capt. M. W. and Mrs. Thomas, of Victoria, B. C., a son. Mrs. Thomas was Miss Constance Drury, graduate of the Jubilee Hospital, Victoria, B. C.

GREENWOOD—At 24 Arundal Avenue, Toronto, on February 10th, 1917, to Mr. and Mrs. A. Greenwood, a daughter. Mrs. Greenwood was Miss Jennie Gamble, (T. G. H., 1913.)

CHERRY—On February 7th, 1917, to Mr. and Mrs. Cherry, a daughter. Mrs. Cherry was Miss Rentner, graduate of Collingwood G. & M. Hospital, (Class 1915.)

### Marriages

STOTT-STRUTHERS—At Ripon Cathedral, on February 28th, 1917, Lieut. Raymond Stott of the Lancashire Fusiliers, late of the Royal Highlanders of Canada, to Margaret Fyfe Struthers (Class '14) daughter of John Park, Esq., and Mrs. Park, Jumping Pond, Alberta.

PENGELLY-GRAHAM—At St. Matthews Presbyterian Church, Point St. Charles, by Rev. George Ross, uncle of the bride, Freda Graham, (Class '13, R. V. H., Montreal), to Lieut. Walter Pengelly, of the Canadian Engineers.

MCGUIRE-MARTIN—Miss Martin (Holy Cross Hospital, Calgary, 1910), to Mr. McGuire.

WHITE-FREAM—In January, Miss Fream, head nurse of Calgary General Hospital, to Mr. R. White.

### Deaths

SLACK—At M. G. H. on February 21st, 1917, Miss Charlotte Slack, graduate of Montreal General Hospital, Class '12.

MEEN—At 38 Hendrick Avenue, Toronto, on Friday evening, March 9th, 1917, Flora C. MacIver, beloved wife of John Meen and daughter of the late John MacIver, of Rosshire, Scotland. Mrs. Meen was a graduate of T. G. H., (Class 1909.)

ROLPH—At Vancouver General Hospital, March 4th, 1917, Alma Bush, wife of Nat. Rolph. Mrs. Rolph was a graduate of the M. G. H., 1892.

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### WOMEN MEN ADMIRE

Theoretically speaking, men admire "reasonable women," with the uncommon quality called "common sense"; but it is the woman of caprice, the sweet illogical despot of a thousand minds, who is most often tenderly loved. Man is by nature a discoverer. It is not beauty which holds him, but rather mystery than charm.—Myrtle Reed.

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Their hardships in the trenches, and the battles they have won;  
How they fought in bloody Flanders, how they dared to do or die,  
God bless our British soldiers! let that be the nation's cry.

They fight for Britain's glory, as their fathers fought before,  
To keep the hated foreign foe from landing on our shore;  
They fight for mothers left behind, for maids and little ones—  
God grant the Allies' victory against the German Huns.

Their noble deeds shall never fade. In history they shall be  
Read by our children's children, to all eternity;  
Long after we are dead and gone the story will be told,  
How British soldiers fought and fell in the good days of old.

But theirs not all the glory; let us also give a share  
To the nurses who attend them, when they lie wounded there,  
There's no doubt about our soldiers, they are heroes, every one!  
But pray remember also what the Red Cross Nurse has done.

She tends the wounded soldier as he draws his dying breath;  
The soldier fights a living foe, the nurses fight with death;  
Then all honour to our nurses, may their courage never fail,  
As they follow in the footsteps of brave Florence Nightingale.

—J. Turnbull, R. D. C.

Military Hospital, Hawick, Scotland.

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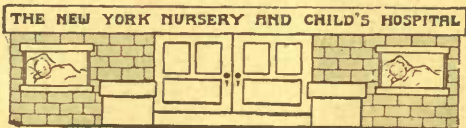
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Regular Meeting—First Tuesday, every second month.

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Representatives on Central Registry Committee—Misses Wice and Cooney.

"The Canadian Nurse" Representative—Miss Chisholm, 30 Brunswick Ave.

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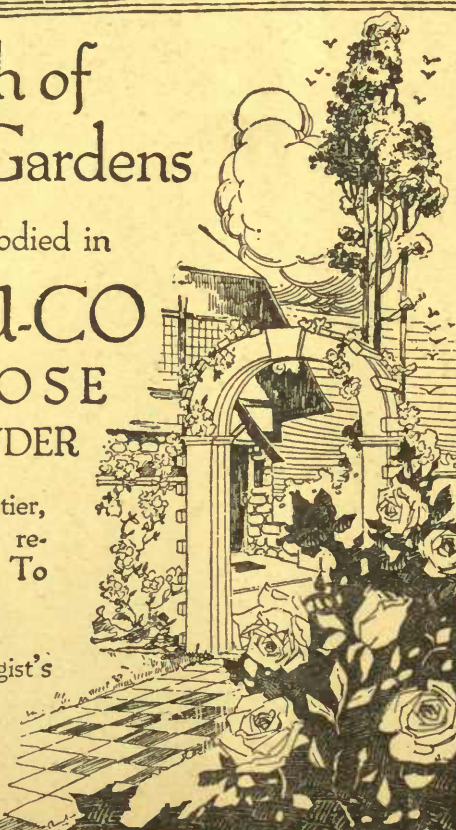
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# THE CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

VOL. XIII.

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No. 5

## Immigration and Our Social Problems

(By Peter H. Bryce, M. A., M. D., Chief Medical Officer Department of the Interior, Ottawa)

*Read before the Class of Medical Social Service, University of Toronto*

The movement of population which has gone on since Abraham's time supplies one of the most interesting subjects of discussion, depending as it has upon so many causes as conquest, famine, religion, politics, economic conditions and to-day the activities of governments and transportation companies. But this afternoon I propose that we limit ourselves to some aspects of the problems which have grown out of the immigration to Canada since 1900. During the census period, 1901-1911, there came into Canada 1,715,326 immigrants, who increased the urban population in cities over 5,000 by 62.5%, and in rural Canada by only 17.6%. Since that time the number in fifteen years has increased to 3,099,000 with much the same relative distribution. It is apparent that the effect of this undue localizing of population in cities must directly affect production and the cost of living.

With railway building for ten years demanding much labour, it was, however, natural that many immigrants previously farmers would go to this new work giving cash payments, while families were usually left in some tenement in a terminal city. The effects have not been wholly bad in a social sense of this settling in towns of foreigners; but it has greatly increased our city problems. That such a social uplift and development could be possible as where in North Winnipeg the vote for and against prohibition broke even, and that it carried by a good majority in Saskatchewan with so high a continental population pays the highest possible compliment to the influence of education and free municipal institutions upon thousands of foreign peoples whose customs and modes of thought were quite different to ours. When as in Saskatchewan, through the votes of the municipalities there are already 22 district hospitals, which with the agitation at present going will shortly become as many more throughout the wide scattered settlements of the Province, we obtain, with the multiplication of schools, the best gauge of how rapidly foreign immigrants may become Canadianized.

Just how far, however, the urban socializing influences growing out of a rapid increase in city population can be said to be of an elevating



or permanently satisfactory character may be questioned from a remark made in a Social Survey of a Western city. This states: "In most Western towns, prominent if not dominating, are real estate, wheat, party spoils, and other forms of money making." In a similar report on a rapidly growing Ontario town I find "There may be said to be three distinct grades of society, the more well-to-do living in the best residential quarters, who have made a competence from real estate investments, the artisan class, consisting chiefly of English-speaking people—and the ever-increasing horde of unskilled workers, Ruthenians, Russians, Italians." And a note from another speaking of the three social classes within Class A, says: "There may be recognized a self-constituted 'smart set,' composed of those who have made money rapidly and do not know how to spend it sensibly."

It will be of interest to note the distribution of the total immigrants for 16 years by nationalities:

British, 1901-1916 .....	1,168,292
United States, 1901-1916 .....	1,095,375
Continental .....	835,681
British, 1911-1912 .....	138,121
United States, 1911-1912 .....	133,710
Continental .....	82,406
Total Homestead entries in 1911-1912.....	29,775
British Homesteaders .....	7,944—1 in 17
United States Homesteaders .....	13,038—1 in 10
Continental Homesteaders .....	8,793—1 in 9

I fancy that to those who have followed closely our immigration and are interested in its social and economic aspects these figures will prove startling. Although it may not be even approximately correct owing to the number of children not being given, we shall assume that each homesteader had an average of the same members of his family, say three. It would then mean that every third family of foreigners went on the land, somewhat less for the Americans, with but one in every six British. Remembering that there were as well great purchases of land for speculative purposes by Americans and others we might almost adopt a new classification as distinguishing our three types of immigrants—as being indicated by *man-power*, by *money-power* and by *manners-power*. Of course the alternative of homesteading is coming to our cities; while the comparison shows that it is the British class that have chiefly come to our cities. Now there need be no reflection made in this classification. Indeed, if it is assumed that we need and want immigrants, then it is plain that, if they are to be British, we must take them as they come, or one in five as an agriculturist, since this is their ratio at home. As regards my *man-power* class, I find it cropping up everywhere as railway navvies; while in towns like Fort William of 22,000 population, one-third are Continentals most largely engaged as dock labourers. We know that it is the Ruthenians and Italians who are especially our street workers in

Toronto. As regards *money-power* class or Americans, they are found everywhere with the Eastern Canadians as the big farmers of the prairies and are playing a most important part both in material development and in stimulating the North-west Provinces to new and progressive ideals. As regards our large British class of immigrants that I call the *manners-power* class, I need not say that we all are intimately acquainted with them, since it is to Ontario in the East that they have especially come. And we welcome them! They have increased our social amenities; since we have them in the domestic sphere, in the shop and artizan class and in upper social circles. They are our own blood-relations, and for better or worse they are one with us and we do not greatly need to educate them, while perhaps they may help to socialize us. Nevertheless, with all their qualities they have in the past and do create for us our largest city problems. We may examine any year's immigration report and we find that many more British have had to be deported than of any other. Thus taking a single year as 1908-9 it had 146,908, of whom 52,901, or rather more than one-third were British, 1255 of a total of 1748 were British deportees. It was for years the practice of the Immigration Department to pay a certain amount to the hospitals of the North-west for caring for immigrants unable to pay, who became ill within the first year of their coming to Canada, and it was found that over 80% of these were British. Similarly in the returns of the Feeble-minded Clinic of the Toronto General Hospital for 1914-15, it was shown that of 425 persons feeble-minded, 203 were Canadian, 133 British and 61 not indicated; 7 American, and only 11 Continental. Of these 168 came from the Juvenile Court, while of the few Continentals the Hebrews seem to have been the most numerous.

All will agree with me that the statistics I have given are not pleasing to us who are British-Canadian, in a word Anglo-Saxon; and yet they will serve to point us in certain directions to which I wish you with myself to give serious attention. We all are aware that on this Continent it has been the traditions, education and social ideals of the Anglo-Saxon as in Great Britain, that have placed the race superior in the eyes of the world to all others. They were the first immigrants, and it is they who have been in a position to take advantage of the wonderful material developments of this Continent, as have the British with their industrialism, for a century and a half. They have become very largely the capitalists, the speculators, the traders of the world. They have developed the inevitable artificial life of our cities, which through the press has impressed itself upon the whole people of this Continent. Socially they take the first place; they set the pace in manners and morals and in the amenities which signify so much to us. They have developed and created certain types of thought and action; while in the United States where the movement of life has been so rapid and the means for its satisfaction have been so simple, they have come to represent a social life in which the gratification of the sentiments, desires and ambitions of the individual has become in practice their religion. Remember that in New



England divorce is so common that there is a divorce for about every ten marriages, that the fruitfulness of families is so little that there are not three children to a marriage, creating a fertile tendency toward divorce. It may not have occurred to many to analyze the meaning and effect of these facts and their relation to the deliberate refusal of our Anglo-Saxon people to bear their fair share of the more humble, less luxurious, and more laborious duties required of any people who are to maintain that superiority physical, mental and moral, which has been the high position of our race in the past.

It seems inevitable, then, if the immigration after the war is to continue in anything like the same proportion as in the past, that the British people will crowd still more into our cities; and the evils which have grown up through urbanization in the Old Land will be added yet more to these I have incidentally illustrated. The process is likely to equally continue amongst ourselves. Has it occurred to many of us to consider how limited are the occupations and activities toward which our young men and women throughout Canada actually turn to? There are professions, business, manufactures, shops, teaching, nursing—hardly any devoting themselves to production. Of all whom we meet every day how many ever dream of becoming farmers, gardeners, horticulturists, in potentially the most fertile, well-watered and climatically most perfect Province in the world?

Do we expect that if we native Canadians think so poorly of our country's development along normal lines of agriculture that British people coming to us without any knowledge of the country or of agriculture and with usually so little capital, will think of taking up an occupation which we refuse to engage in ourselves and indeed which we look upon too often as only suitable for the unskilled labourers from Southern Europe? We must see clearly that the competition for an existence, where nearly all are devoting their energies along the narrow grooves which I have indicated, must grow ever more intense, its rewards become less and its physical and moral effects be inevitably degenerating.

I have thought it well before such an audience as this of thoughtful, educated persons, to refer to these facts so directly the outcome of that immigration by which Toronto increased from 1901 to 1911 by 81%; because whether we wish it or not we are going to be face to face with a situation after the war of the most serious character. We learn that 400,000 are now engaged directly or indirectly in munitions work, while probably 400,000 soldiers will after the war be returning to resume life in Canada. More than this, we see commissions sitting in England to discuss means whereby the British soldiers who seek a home across the seas may find a welcome and an opportunity for making good amongst us. We know the cost of living has risen to unprecedented figures and that production is either stationary or but slowly increasing. Are we to simply sit and wait for such to make urban congestion more intense, the standard of living yet lower for all with the independence of the individual becoming ever less?

I admit quite readily that it will require young men and young women of nerve and initiative to break away from the old life and become pioneers in new and untried fields of action. If it be said by the nursing profession that as the 12 hospitals in Ontario in 1880 with 5,000 patients have increased to 91 and the patients to 85,000 annually, so their services are needed, then this must mean that such an increased number of patients have resulted from modern habits and modes of life as have lessened the vitality of our people and are rapidly leading to degeneracy just as we have seen in the increasing numbers in our clinics for the feeble-minded. If I am told that deurbanization is not the affair of those of us who have established ourselves in urban occupations, then we must surely think of the possibilities of maintaining those remaining in the country in a happy, prosperous social life. Have we thought of the possibility of working out some form of social activity whereby the trained nurse might carry her experience into rural homes, become the exponent of a higher mode of living by organizing classes for cooking, nursing and the cultivation of social amenities?

But someone asks how is such a thing to be made possible without governmental and municipal assistance? I am free to confess that it seems to me very difficult, unless this be in some way associated with consolidated schools where the teaching of science seriously as applied to agriculture becomes a practice. But why not this? In many parts of Ontario the country schools where 50 pupils once went are reduced to ten or twenty and even less. It is apparent that teaching under such conditions must be discouraging and in large degree lacking in results both to teacher and pupil. This means that the old rural life which has so degenerated as to have lost in some places 10 to 20 per cent. of population in ten years, must be reconstructed socially as well as economically. The life of the boy and girl, as of their parents, must there be adequately satisfied by at least some of the amenities present on every hand in our cities, and the assistance in this both socially and economically must come from our cities. Realize the fact that every boy and girl born in the country, who leaves it at twenty years, robs it of at least \$2,000 which it has cost to rear them and that rural Ontario lost during the last census period at least 200,000 persons and we can see what an enormous loss of capital has taken place to be directly removed and brought to Toronto or other city to be added directly to the working capital of the large industries, which utilize their labour at ever increasing profits at the expense of youth, energy and often health—often for a mere living wage.

It may be quite true that we in the cities have become greatly interested in dealing with the problems of over-crowding, under-employment and inadequate compensation, which seems inevitable accompaniments of an overgrown industrialism; but, as the figures given show these efforts will at the best be but an attempt to sweep back the incoming tide, which will surely destroy health, freedom, initiative and individual character since the social settlements, hospitals and charities are only attempts at panaceas for social diseases, which must be prevented, since they never



can be wholly cured. This work is like that of the old-time physician in the days before Preventive Medicine in which he attempted to cure, but knew not yet the greater glory of preventing diseases. If under a wise Providence diseases came to him, he must calmly accept the inevitable, since to doubt their being a chastisement of the people would have been questioning the Divine goodness. Nevertheless I dream of the time when our national life shall be whole, an organism which functions normally and whose parts are vitalized from a common source, a central full-blooded heart, as large as the needs of our whole community, in which the individual can do his part because he is joined to the body politic through a blood-stream giving ample nutrition to the whole. This means that the old Anglo-Saxon heart must be the centre; that it must animate and control the many other racial influences which come amongst us, by assisting each into its proper economic place, by educating their uninformed minds, by encouraging them in all social endeavours and by so controlling all that no matter from what corner of the earth the immigrant comes he will be so impressed by his environment that unconsciously and automatically he will have to march in time and full accord with the mighty forces which are, we hope, forging us into a great free liberty-living and duty-performing people.

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## Nursing Problems of British Columbia

(By Margaret E. Johnson)

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The longer I thought of this subject, new problems kept presenting themselves to my mind. I am not going to attempt to solve them for you, but to present a few for your thought and consideration.

One of the problems that has been under consideration for some years in the nursing profession is, How the people of moderate means in sparsely settled districts may have good nursing care. Provision is made for the care of poor people by the Victorian Order in Canada, which is doing a noble work.

One solution offered at the National Association in Winnipeg last year was to bring English trained mid-wives to this country. But in the Old Country I think the work of the mid-wives has been more in the crowded cities. They are only trained in one branch of work, and as there is no training school or provision for any supervision of mid-wives in Canada as there is in England, I don't think they would be of much benefit in this country. It is the general all-round trained nurse we want in every district of British Columbia, and I feel that our nursing profession should grapple with the question and not leave a stone unturned until we have every district in British Columbia available to trained nursing.

How is this to be done? Impossible for the private nurses to undertake the work without some organization to guarantee salaries. The Victorian Order has small hospitals with two nurses in some places. One looks after the patients in the hospital, the other does visiting nursing in the surrounding country. A Municipal Hospital with one or two graduate nurses who could combine hospital work, visiting nursing, school nursing, and public health work, would be a great blessing in any community, and just here the practical nurse or attendant under supervision could do very useful work. For after all the care of the home is a great factor in the recovery to health of the sick mother. Not but what many of our graduate nurses are doing all these things in the homes, especially in rural districts.

The work is hard; accommodations very inadequate. But what a great and noble work! A student home missionary, in giving in his report of work in a district, said: The hospital is a splendid log building where many tired mothers, lonely homesteaders and dying men were cared for by doctor and Christian nurses, who seek not only to heal the body, but the soul. I beg of you to remember your nurses. They are the women who are building up this Canada of ours. What a noble tribute to the pioneer nurses! These hospitals could be a home and centre for the district nurses. Let the people pay a fee for services rendered. The Government pays a grant to every public hospital, and the only other way I can see for the support of the work would be to tax the same as for schools.

This work would require the very best trained nurses, as they would meet with all sorts and conditions of people. The drug fiend, the alcoholic, the dupes of the patent medicine habit, the poor, the shiftless and feeble-minded, the ignorant.

Another problem that nurses should be interested in and work for is the tubercular patient. How can we help eradicate this disease from British Columbia? If we could realize that one patient suffering from tuberculosis was the means of spreading the disease on an average to seven or ten people, we would work harder for the means whereby every patient suffering might be isolated until taught how to care for themselves and prevent infecting others. We should have more sanitariums supported by the Government.

In some parts of the United States they are beginning to establish colonies for poor people suffering from tuberculosis. This colony and farm system may be a practical solution of expense.

In British Columbia we have one tuberculosis sanitarium supported by a society, with some help from the Provincial Government, which accommodates about 100 patients. It is crowded all the time and good work is being done. We have one visiting nurse in Vancouver who is doing good work in the homes. But there are hundreds of patients walking our streets and through our country infected, without any care being taken to prevent infection. This is something for us to think about.



Another problem is the care of the feeble-minded. About 25 per cent. in our reform schools and penal institutions are feeble-minded or mentally defective. It is also said 50 per cent. of our professional prostitutes are mentally defective. Now if 25 per cent. of our reform schools and penal institutions and 50 per cent. of our fallen women are mentally defective, does not a great need present itself for segregation? Homes for these people are absolutely necessary, and who is better fitted to superintend them than graduate nurses?

Then there is need in British Columbia for more homes for orphan children with graduate nurses as matrons; hospitals for the treatment of patients suffering from alcoholic and drug habits. There is no place but one general hospital for them and special treatment is needed for patients of that kind.

There is also great need in British Columbia for private nerve hospitals, where patients suffering from extreme nervousness or mental condition could be sent for treatment and observation. I have had many calls to admit patients of that class to my private hospital, a few of which I undertook to care for. Some recovered and went home. Others had to be sent to the insane hospital. But I do feel that mentally sick patients should have the best skilled nursing care and that our state mental hospitals should have a training school for nurses affiliated with the general hospitals.

If I am not mistaken, our provincial mental hospital in New Westminster does not employ a graduate nurse. I do feel that the care of the mentally sick should at least be under the care of a fully qualified professional nurse. Another problem in B. C. is how to have good training schools in our small hospitals, for the small hospitals will predominate in British Columbia for many years. I trust the time is very near when the small hospitals can affiliate with the large ones and a standard curriculum for British Columbia training schools be established. That brings us to another problem which our association has been working on for five years—State registration—and as you all know, the bill was before the House last year, but on account of the undesirable changes made in some clauses it was thought best not to let it pass the House in its mutilated form. But let us not be discouraged, but continue to work for the bill. Three points which are very important are embodied in our bill: A Board of Examiners composed principally of nurses; graduate nurses only to be allowed to register as R. N.'s, the necessity for provision being made for inspection of training schools, with the right of regulating standard curriculums. So let us continue to work for the bill. These are a few of the nursing problems of British Columbia that I leave with you to think over, discuss and act upon. Don't for a moment think there is no work for nurses except hospital positions and private nursing. Many avenues of work are open for nurses.

I am very glad to know that one of our members has been chosen to edit and manage our "Canadian Nurse" Magazine, and she asks the coöperation and help of every British Columbia nurse to help

make it a success. I can see much evidence in every edition of the magazine, success that is sure to come under its efficient manager.

Then I was glad to see one of our members, a graduate nurse, appointed sanitary and health inspector in Vancouver, and we shall hope before long to hear something of her work.

The work for nurses has never been so broad as at the present time, and nurses have never been in such demand. British Columbia has sent over 125 nurses to the front, and every month calls are coming for fifteen or twenty B. C. nurses to go overseas to help in the great work of caring for our sick and wounded soldiers. Many of our soldiers are coming back to Canada and B. C. in all sorts of conditions, surgically, medically and mentally, and we must be ready to give of our best for their care. No branch of work during this great war struggle has touched the hearts of the people more than the medical and nursing care of our soldiers, and their return to all parts of the world will mean a new outlook and a broadened interest in scientific methods of caring for the sick. The loving and faithful ministry of our doctors and nurses will leave an impress on the soldiers of the world which will never pass away. May we all strive to be worthy of our calling.

Bute Street Hospital, Vancouver, B. C.

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### Susan E. Tracy, R.N.

(By Mary Barrows)

[A nurse who took from the home to her profession a mind trained to be resourceful and hands trained for use; who in her profession considered nothing too small to be pressed into the service of resourceful mind and trained hands toward her profession's end—the establishment of a healthy mind in a healthy body wherever need exists.]

"What first turned your attention to the value of occupation?" is the usual question that is asked Miss Tracy. Every nurse has known that illness and convalescence tax all her resources; every nurse has known that a patient's thought should not be allowed to dwell upon himself and his troubles. But here is a nurse who not only used scraps of waste paper, bright colored rags, bits of string, eggshells and orange peel to while away time, but who has added a new subject to the nurses' course of study, a subject now recognized as of great value as an aid to recovery.

When we look for the impulse back of Miss Tracy's specializing in occupation for invalids we find the most natural of causes. From childhood up the usual amusements in her home had been what the schools now call "handwork," many hours being spent happily, for instance, in cutting from paper all the furnishings of the different rooms of a house. From combined motives of education and economy the four children of the family made all their toys and gifts, instead of buying. For entertainment, related objects were studied and were drawn. So when as a nurse Miss Tracy found herself responsible for removing the tedium of lagging hours, she turned to her own earlier occupations.



During her training as a nurse at the Mass. Homeopathic Hospital, Boston, (from which she was graduated in 1898) Miss Tracy says she always noticed particularly patients who during their stay in surgical wards worked at some individual industry with much benefit to themselves and to the spirit of the ward. One woman embroidered up to the minute she was taken to the operating room; another crocheted elaborate trimming while lying on her back after an abdominal operation; a third, a young girl who was the life of the ward, was constantly busy through a long illness that ended in amputation of a leg.

After graduation, among the first patients was a little girl at the hospital, and much time was spent on paper work, because the material was "on the spot." For several years of private nursing, occupational treatment both for children and for adults was the natural medium for such a nurse to employ. While carrying on the course of study in Hospital Economics at Teachers College, opportunities were taken for observation in the Manual Arts Department and in the kindergarten.

Directly from Teachers College in July, 1905, Miss Tracy went to the Adams Nervine Asylum, Jamaica Plain, Mass., to take charge of the training school for nurses. At that time the only instruction in invalid occupation was given by a student who came once or twice a week to teach a little basketry, chair-caning, etc. It was felt, however, that this was insufficient and a building was just started which was designed to provide a suitable room to which patients should be sent for occupational treatment. During the months occupied by the building of this house Miss Tracy was asked by the superintendent to teach the patients in her own apartment. Here they came daily and a great deal of home book-binding was done. Up to this time no nurse had been included in the instruction but as the new building was completed Miss Tracy felt that the privilege of study of occupations should be extended to the nurses as they would certainly need the knowledge in their private nursing after graduation. With the hearty coöperation of the superintendent, Dr. Daniel H. Fuller, now of Pennsylvania Hospital for the Insane, Philadelphia, Miss Tracy arranged a course for nurses to be given during the summer when other classes were suspended. This course soon became an all the year subject, every nurse receiving ten lessons. Miss Tracy taught the nurses' classes and many patients who were too ill to go to the regular room. The formal teaching of patients was done by the resident teacher who was in charge of the occupation room.

The work soon began to attract attention of other schools and illustrated talks, lectures and exhibitions were given in many institutions.

In "Occupation Therapy," in his historical sketch, Dr. Dunton has recorded that Miss Tracy was the first to give systematic training in Occupation. Previous to this time, 1906, interest in occupation had centered in the hospitals for the insane with the double motive of diverting the patients' activities from harmful outlets and of saving money for the institution through the labor, in some cases from the exploitation, of the patients with no consideration of the results to them.

It should always be remembered that in Invalid Occupation, the branch of nursing as developed by Miss Tracy, *the patient is the product*, not the article that he makes. The latter is merely the by-product and from the point of view of the craftsman it may be excellent or quite the reverse. If the patient's condition is improved, the work is good. A patient who is seriously ill must not be taxed with anything but a "trifle."

Examination of the first course given at Adams Nervine shows that it was no accidental grouping of trifles, however. Any person trained in crafts may be able to teach them, but the trained nurse must adapt them to the invalid. Knowledge of anatomy, of disease and its progress, of the reactions between mind and body, all are needed to guard against the grave dangers of unfit occupation. The wrong piece of work, or the right one at the wrong time, may be as grievous in results as the administration of the wrong medicine. Imagination plays a leading part, too, in choosing such occupation as shall awaken interest and so hasten the return of normal life to the spirit.

This first course was planned for convalescents. A condensed outline follows:

Lesson I.—Child of four years recovering from pneumonia. Poor family. During first week of disease too ill to be entertained. Rapid recovery when started.

Lesson II.—Girl of twelve years. Hip disease. In Bradford frame. Family in moderate circumstances. Long case. Child uses arms freely except that lying on back, motion is somewhat interfered with.

Lesson III.—Boy of seven years. Scarlet Fever. Wealthy family. Points to consider:—contagion—how disease is spread, long duration. Remember that although the objects must be destroyed the ideas are permanent. *Teach something of value.*

Lesson IV.—Girl of sixteen with fractured Femur and Left Radius. Family in moderate circumstances. Six to eight weeks illness. This is an exercise for occupation with right hand only.

Lesson V.—Boy of ten years. Mastoid case. Comfortable circumstances. Severe pain, at first too great for entertainment. Later can be amused by non-exciting occupations. Must not put too great a nerve-strain on patient. Do not attempt finely co-ordinated movements or occupations requiring eye-strain.

Lesson VI.—Young woman recovering from operation for appendicitis. Drainage keeps her in bed for much longer period than after clean operation. Can use arms and be bolstered up a little. Feels fairly well. May be in bed three or four weeks.

Lesson VII.—Old lady. Rheumatism in lower limbs only. Can be bolstered up in bed the greater part of time. Old ladies are usually pleased to find that the young nurse is capable of the things which she was taught when she was young. Nearly all old ladies like to see *old material* converted into something useful. Turn to account that which would otherwise be thrown away. This appeals to both rich and poor.



Lesson VIII.—Man (middle age) Typhoid. Convalescence only time when entertainment is permitted. The days are particularly irksome to such a patient. Reading aloud will probably be enjoyed if well carried on. When sufficiently strong *plan a house*. Nearly all men have decided ideas in regard to building. *Read up on gardening*. If at all adaptable to the patient's circumstances plan a garden and possibly start seedlings in the house if proper time of year.

Lesson IX.—Old man, heart disease. Sits up most of the time, bolstered up in bed at night. Reading aloud, but not too long at a time, as listening tires a patient who breathes with difficulty. When able to tell you, write down facts in regard to places where he has lived.

Lesson X.—Maternity case. Here we need little more new entertainment than the new baby, but the mother is often eager to collect information in regard to care of children. Start a baby's diary. Discuss children's clothing when older. Devise dainty ways of framing and making frames for the baby's picture to be sent to friends.

Space has been taken for this outline to show how full was its scope. If each nurse made every article listed under each lesson her time must have been fully occupied; if the work was optional, all special aptitudes were provided for. The list of articles for the first lessons alone included Eggshell baskets, cradles, pitchers, nests, moulds for blanc-mange; orange baskets; apple jack-o'-lantern; vegetable animals; dishes from kid and leather; rose-hip beads; pictures from advertisements; paper folding; paper boxes, bags and Christmas stockings; cut-out pictures; scrap-books; paper furniture.

This course was, in general, the outline followed in Miss Tracy's book "Studies in Invalid Occupation" published in 1910. Variations in courses have been made in adaptation to the needs of special institutions—as for the Children's Hospital, Boston—or to suit the preferences of the head of some training school, but the underlying principles are all here.

After seven years the work had outgrown the Adams Nervine and a special location was necessary. To avoid confusion in the public mind, headquarters were kept in Jamaica Plain and "The Experiment Station for the Study of Invalid Occupations" was opened in March 1912 with Miss Tracy as director. Here instruction is offered to invalids, to public nurses and to graduate nurses. Complete records are kept of all work done anywhere under this direction. Models are exhibited and there is a limited salesroom.

Many single lectures and full courses have been given by Miss Tracy herself during the last half dozen years in different sections of the country. She has also given normal training so that her pupils are extending the work in various centers. Exhibitions of articles made by invalids and by nurses have spread interest in this work.

Page after page could be filled with anecdotes full of human interest, stories that really thrill any compassionate heart with gratitude that there

can be relief through employment for minds worn with the constant facing of increased disability and suffering.

Occupation having been proved to be a true remedial agent and remedies being most safely administered by trained helpers, the layman immediately asks why does not every hospital, every training school, offer such occupation, such courses for its nurses? The only objections that can be raised are material, such as, "No time for the course, no space for the work, no money for the cost." But once administrators have seen beyond any question that benefit follows occupation, these objections will become merely temporary and immaterial. No hospital can afford to be without any agency that will insure and hasten cures for its patients, or that will lighten the burdens of the incurable among them.

And even beyond the remedial and alleviating values of this branch of nursing there are almost limitless possibilities for education and for human salvage. Miss Tracy has not tried to train craftsmen or to teach trades, but she has apparently performed the mathematical impossibility of bringing something from nothing. Working with waste materials, with the worse than negative problems of illness and incapacity, the time-killer has become an educator both of muscles and of mind. The child kept from school by paralyzed limbs has been through toys taught history, geography, arithmetic, English, and even art, through the study of line and proportion. The adult with a broken wreck of a body, fit only for a place in the institutional scrap heap, has been given the means, sometimes of a livelihood, in many cases the ability for partial self support. These are results that speak equally to those interested in dollars or in souls.—*Maryland Psychiatric Quarterly*.

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## Sleep for the Sleepless

(By Charles Phelps Cushing)

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. . . . "The purposes served by sleep are plain," writes the physiologist, Percy Goldthwait Stiles, of Harvard, in a book on the nervous system. "It is a state in which the local and general losses of the tissues, which have not been met fully as they have taken place, can be offset. . . . It has often been said that sleep is a more imperative necessity than food, and the claim seems well founded." . . . One of the most eminent surgeons in America, Dr. George W. Crile, recently reported upon some experiments made with animals: "It has been shown that animals subjected to the most favorable conditions, kept from exertion and worry, supplied with plenty of food, and in good hygienic surroundings, do not survive longer than from five to eight days without sleep." The mere maintenance of the conscious state, Dr. Crile discovered, "is at the expense of the brain, the adrenals, and the liver, and



these changes are identical with those wrought by exertion, infection, and emotion. The changes wrought by these activators can be repaired only during sleep. Sleep, therefore, is as essential as food and air." . . . .

To the end of getting enough sleep to preserve existence, the body can adapt itself to appalling difficulties; it can accomplish feats that every-day folk might suppose were impossible.

The European War furnishes some dramatic examples. You may recall an interview, not long ago, in which Field Marshal von Hindenburg declared that for the soldier "the main thing is sleep." When you read that the thought must have flashed into your mind, "How can men sleep at all with that never-ending din of battle in their ears?" Recently I took a long journey through Canada and in the course of it asked that question of a number of soldiers, home on leave. They answered to the effect that the body adapts itself to what it has to meet. None of them could recall a case where a soldier had died of sleeplessness. . . . .

Hear Dr. Carlisle's account of what happened in the retreat of the men of the Allied armies from Mons to the Marne: . . . .

"In this retreat from Mons to the Marne we have an extraordinary human experiment, in which several hundred thousand men secured little sleep during nine days, and in addition made forced marches and fought one of the greatest battles in history.

"How, then, did these men survive nine days apparently without opportunity for sleep? They did an extraordinary thing—they slept while they marched! Sheer fatigue slowed down their pace to a rate that would permit them to sleep while walking. When they halted they fell asleep. They slept in water, and on rough ground, when suffering the pangs of hunger and thirst, and even when severely wounded. They cared not for capture, not even for death, if only they could sleep." . . . .

But even this is not so surprising as some of the facts Dr. Crile heard from an associate, Dr. Gros, who, with some other men of the American Ambulance, were called at midnight to the town of Meaux. They found it in utter darkness. "Not a sound was heard in the street, not a light was seen. The only living things were hundreds of cats. They called, they shouted, in vain they tried to arouse some one." They succeeded at last in awakening the mayor. He told them that his town was full of wounded men: "I will show you," he said. With the aid of a flickering lamp, they threaded their way through dark streets to a delapidated school building. Not a light! Not a sound! There was the stillness of death! They rapped louder, there was no response! Pushing open the door, they found the building packed with wounded—more than five hundred with all sorts of wounds. Some were dying, some were dead, but every one was in deep sleep. Bleeding, yet asleep; legs shattered, yet asleep; abdomen and chest torn wide open, yet asleep. They were lying on the hard floor or on bits of straw. Not a groan, not a motion, not a complaint—only sleep!"

Some of them came to the hospital more dead than alive, and "slept on while their wounds were being dressed." Finally, "after deep sleep

for two or three days, during which they wanted neither food nor drink, they began to be conscious of their surroundings; they asked questions; they experienced pain; they had discomforts and wants; they had returned from the abysmal oblivion of sleep."

Indigestion, headaches, "nerves," or whatever else happens to be contributing to a business man's discomfort at night may rob him of sleep and result in a certain amount of physical impairment, but these, obviously, are trivial annoyances compared with the pangs of hunger, the aches and pains and "nerves" of the tortured wounded men on that retreat to the Marne. But when sleep became imperative it had its way with them at Meaux.

May we not pin a little more faith upon the human mechanism's adaptiveness? . . . —*World's Work*.

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### Report of Annual Meeting G. N. A. O.

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The 14th Annual Meeting of the Graduate Nurses' Association of Ontario was held in the Board Room of the Y. W. C. A., Hamilton, on Saturday, April 7th, 1917. The President, Miss Madden, occupied the chair. The meeting opened with the singing of the National Anthem, followed by the Nurses' Prayer. The report of the Secretary was then read, as follows:

Madam President, Members of the Association:

I have the honor to submit the Secretary's Fourteenth Annual Report. Last year closed with 59 individual members and 22 nursing associations, making a total of 1296 members. This year we have 80 individual members and 28 nursing organizations, but the total membership cannot be fairly estimated owing to the lack of reports from the affiliated Associations. Owing to stress of work it has been difficult to secure a quorum, but your executive held six regular meetings. Many problems have come up for discussion, among them the *Canadian Nurse*.

In this connection your executive appointed a central committee, consisting of Mrs. Pafford and Miss Potts, with Miss Locke as Convenor. Nothing further need be said of the scope of this committee, as the Convenor will make a report, but one would like in passing to impress on each member her responsibility for the success or failure of the journal.

On November 22nd, 1916, Miss Jamieson was appointed Ontario representative to the Canadian National Association Committee on Public Health Nursing, of which Miss Dyke is Convenor. A report of the progress of this committee will also be made.

Serious consideration has been given to nurse education. How best to serve the public and at the same time to give an all-round training to



the nurse. It is to be hoped that before the close of another year that some definite report may be ready for presentation to the Association.

Correspondence during the year shows that considerable misunderstanding still arises in connection with local chapters. The constitution clearly states that members wishing to form chapters shall apply to the Board of Directors and that all members resident in the proposed territory shall automatically become members of the chapter when organized. No record can be found in the minutes or elsewhere of any chapter having applied to the directors, consequently no two chapters seem to be conducting their affairs along the same lines. It was decided at the last executive meeting that through the coming year suitable regulations would be drawn up and distributed with the idea of establishing better uniformity.

Two years ago when the various Alumnae Associations and Nursing Organizations were accepted into membership, the secretaries were requested to send in annually an up-to-date list of members with officers.

This has only been done by three out of twenty-nine organizations and has necessitated considerable correspondence, as your Secretary has been asked from time to time for credentials for nurses for overseas duty and for other purposes, and while it was, in some cases, found that the applicant was a member of good standing in her Alumnae Association, her name did not appear on the original list.

All of which is respectfully submitted.

(Signed) E. MACP. DICKSON.

The Treasurer's report showed a balance in the bank to the amount of \$396.87 and was read as follows:

#### GRADUATE NURSES' ASSOCIATION OF ONTARIO

Treasurer's Report for Period May 24, 1916 to April 4, 1917.

##### *Receipts*

Balance on hand at beginning of period.....		\$301.00
Fees .....	\$636.50	
Proceeds, Florence Nightingale p. c's .....	4.65	
Bank interest to December 31st, 1916.....	4.30	645.45
		<hr/>
		\$946.45

##### *Disbursements*

Fees refunded Treasurer Toronto Chapter.....	\$148.00
“ “ Hamilton Chapter .....	8.80
“ “ Kingston Chapter .....	5.60
“ “ Owen Sound Chapter.....	4.20
Expenses Mrs. Tilley, delegate Winnipeg Convention..	87.05
Use of Nurses' Club for meetings, 1 year to May, 1916.	15.00
Annual fee, Can. Nat. Ass'n. Trained Nurses.....	10.00
Postage .....	26.48
Printing and Stationery .....	11.00

Advertising "Canadian Nurse" to Dec. 31, 1916.....	20.98
Advertising Meetings, Toronto papers.....	5.72
Bank Exchange and Money Order charges.....	1.25
Auditor and Stenographer re annual report.....	5.00
"Canadian Nurse" purchase fund per Miss DesBrisay..	200.00
Total disbursements for period .....	\$549.58
Balance in bank April 4, 1917 .....	396.87

Receipts for period are in excess of payments by.....\$95.87

(Signed) ELLA J. JAMIESON,  
Treasurer.

I have examined Receipt Book stubs, Bank Book, Vouchers and Cash Book for period ending April 4th, 1917, and certify that above statement agrees therewith.

Toronto, April 5th, 1917.

F. W. ELLIS,  
Auditor.

Reports of the committees were made as follows: *Canadian Nurse* made by Miss Potts for Miss Locke.

#### *Report of the Canadian Nurse Committee*

At the request of the Canadian National Association of Trained Nurses a committee was appointed by the Graduate Nurses' Association of Ontario at the last Executive Meeting to bring the question of the support of the *Canadian Nurse* before the nurses resident in Ontario. The Committee consists of three: Miss Potts, Hospital for Sick Children, Toronto; Mrs. Pafford, 322 Spadina Road, Toronto; Miss Locke, Toronto General Hospital, who is convenor of the Committee. The Committee divided the work under three headings: Advertisements, subscriptions and articles for the magazine.

Miss Potts, who was made responsible for getting advertisements, has written to thirty-eight firms asking for their advertisement. So far, eleven have replied, all of which refused. Miss Potts is in verbal communication with several firms in Toronto, from which we expect more favorable results. If any one is able to get an advertisement for the magazine, the Committee will be only too glad. Miss Potts will furnish all information as to the rates.

Mrs. Pafford was made responsible for getting subscriptions and Miss Locke for collecting articles. Since the Committee was formed, Mrs. Pafford has received twenty-seven new subscriptions. Twenty of these were sent in by Miss Creighton of the Western Hospital, Toronto. On March 16th letters were sent to all the nursing organizations affiliated with the Canadian National Association of Trained Nurses in Ontario, seventeen in all, asking each Association to appoint two members, one to get new subscribers to be sent to Mrs. Pafford, and the other to collect articles to be sent to Miss Locke. Encouraging let-



ters have been received from four of the associations, expressing their interest in the work and appointing two members. There are still thirteen associations to be heard from.

Letters were also sent to sixty-three hospitals not having nursing organizations, asking the superintendents of the hospitals to collect articles and to try and get subscriptions. So far seven have replied and are very willing to coöperate. This leaves fifty-six still to be heard from.

The Committee is finding it very up-hill work as so few of the associations and the nurses in responsible positions (such as superintendents of hospitals) reply to communications sent and apparently take very little interest in nursing affairs.

Your committee would like the Association to offer any suggestion by which results may be obtained. As the committee represents the Province of the Dominion having the greatest number of resident nurses, we feel that we should take the lead in supporting our national magazine.

(Signed) HELEN C. R. LOCKE,

Convenor.

#### *Report of Legislation Committee*

Madam President, Members of the Association:

As Convenor of the Legislation Committee I beg to report that on June 5th your committee appeared before the Royal Commission to express the views of the Association in regard to suitable regulations for the conduct of training schools and the registration of nurses for the carrying into effect of section eighteen of the Hospital and Charitable Institutions Act. A set of suggested regulations was drawn up and submitted, a copy of which will appear in the next issue of the *Canadian Nurse*.

On January 31st, 1917, you were again represented, on this occasion to give information in regard to registries, and to answer certain questions regarding nurse education. The question was asked, "Would the nurses be agreeable to the classification of nurses under the following: 'Registered Nurse,' 'Graduate Nurse,' 'Certified Nurse,' and to belong to a common registry to be conducted under the supervision of the local Officer of Health?" The suggestion was made by the Commisisoner that it might be necessary to regulate the fees of the various classes of nurses and the question was asked: "Would the fully qualified nurse be willing to submit to this also?" Your committee did not take the responsibility of answering this question and the Commissioner asked that the views of the Association be obtained.

All of which is respectfully submitted.

(Signed) E. MACP. DICKSON,

Secretary.

In connection with this report there was one resolution. It was moved by Miss Gunn, seconded by Miss Edgar, that the matter of regulation of fees be left to the nurses. Carried.

Mrs. Tilley, who acted as delegate to the C. N. A. meeting held in Winnipeg last June, gave an interesting account of the Convention.

Miss Emory, Convenor of the Nominating Committee, sent in the following report:

Madam President, Members of the Association:

Having been duly elected, I submit the following names as members of the Directorate of the G. N. A. O. to serve for three years: Miss G. Rowan, Grace Hospital; Miss R. Ellis, Toronto Western Hospital; Miss Reynolds, Hamilton; Miss E. Walper, Sarnia; Miss F. Potts, Hospital Sick Children; Miss Mowery, Peterboro; Miss J. Londeau, Windsor.

Whether intentionally or not, some of the Secretaries neglected to state how many members comprised their respective Alumnæ, so that due credit could not be given them.

(Signed) FLORENCE EMORY,  
Convenor.

The local chapters' reports were then made as follows: Miss Forham, representing Owen Sound; Miss Boskill, Kingston; Miss Edgar, Toronto, and Mrs. O'Brien, Hamilton.

The chapters all show continued interest in Red Cross work and a growing interest in general nursing affairs. When one considers the extensive depletion of the ranks by enlistment, one is encouraged by the way those left behind are endeavouring to keep the home fires burning, as well as giving aid in so many ways to those who have gone to Overseas duty.

The Nominating Committee for 1918 was appointed as follows: Miss B. Sadler, Convenor; Mrs. C. T. Balantyne, Ottawa; Miss Cook, Toronto; Miss Masters, Kitchener, and Miss Fairlie, Kingston.

Mrs. Ilson gave a very interesting talk on her work at Dunedin, outlining all they had done for the re-education of returned soldiers.

The meeting then adjourned and a pleasant hour was spent at afternoon tea. Although everyone appreciated the courtesy of the Hamilton nurses, formal votes of thanks were unfortunately omitted.

The officers elected for 1917-18 were as follows: President, Miss Mathieson; First Vice-President, Miss Madden; Second Vice-President, Miss Potts; Secretary, Miss Dickson; Treasurer, Miss Jamieson, re-elected.

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To know what you prefer instead of humbly saying "Amen" to what the world tells you you ought to prefer, is to have kept your soul alive.—*R. L. Stevenson.*



## Report of the Committee on Legislation of the Manitoba Association of Graduate Nurses

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To the President and Members of the Manitoba Association of Graduate Nurses.

Ladies :

I have the honor to submit herewith a brief report of the work done by the Committee on Legislation appointed by your Association with the following membership :

Miss Cotter (Winnipeg) ; Miss Starr, (Winnipeg) ; Miss Herman, (Dauphin) ; Miss Woodard, (Neepawa) ; Miss E. Johns, Convenor.

At my request Mrs. D. A. Stewart, of Ninette, gave very material assistance in this connection, she being a member of the Society of Superintendents' Committee, making enquiry along similar lines.

A questionnaire, which I will read presently, was forwarded to the various hospitals in the Province, in the hope that the Committee might be able to gauge opinion along various lines such as affiliation, Government inspection of training schools, etc.

The number of replies received was very disappointing, but not in quality. Five only, out of eighteen communicated with, replied at all. But these few replies, we were glad to note, came from the small training schools, the very ones we were anxious to hear from. All the replies showed careful consideration of the questions at issue, and I think the remarks of Miss Herman, of Dauphin, are specially notable and are reproduced herewith in full.

1. What do you consider the minimum daily average number of patients necessary to supply practice work for pupil nurses? Answer—The minimum number of patients to supply practice work for pupil nurses should not fall below a daily average of fifteen.

2. Have you any suggestions for the management of class work, when each class has a very small membership? Could you make a suggestive outline? Answer—The only plan that suggests itself for the management of classes of small membership, is one, that is in all probability being practiced by a number of small hospitals. Merge second and third year classes, and arrange lectures so that each subject covered is taken up every alternate year only. This gives the members of both classes an opportunity of getting all lectures, and saves work for the lecturers who are usually few in the small hospitals. Juniors being new to the work, both practical and theoretical must necessarily be taken by themselves.

3. Would you be interested in experimenting with a curriculum especially framed, to meet the needs of small hospitals, so as to gain a degree of uniformity? Answer—An experimental curriculum such as suggested, would be not only interesting but extremely helpful and encouraging to the Superintendent of the small hospital. Uniformity in

the training of nurses is sadly lacking, and can only be acquired by standardizing hospital curricula throughout the Province.

4. Would you favor affiliation with other hospitals so as to give your pupils the wider experience gained in a large hospital, and the special training available in institutions maintained for the treatment of special classes of cases? Answer—Affiliation with large hospitals is desirable for the purpose of special training, or to cover work not included by the home school.

5. If in charge of a hospital of 100 beds or over, would you be willing to grant affiliation privileges to other schools? Answer—Yes.

6. In cases of affiliation, how much time do you think it would be desirable for a pupil nurse to spend away from the parent school? During what period of the three-year training should she put in that time and should she receive from the affiliated hospital remuneration at the pupil nurse rates of the parent school, or that amount plus travelling expenses? Answer—It would not be desirable for a pupil nurse to spend more than six months away from the parent school. Preferably during the latter part of the intermediate year, or early part of senior year. The parent school should be responsible for the nurses' remuneration throughout her training, even during such time as she may spend away from the school. It would not be unreasonable to look to the affiliated hospital for travelling expenses.

7. Could the resources of the local high school be utilized more than at present for teaching such subjects as physiology, hygiene and sanitation, dietetics and cookery? Answer—The high school might be a help in the teaching of physiology, hygiene and sanitation. But dietetics should be taught with reference to disease, and for that reason is better taken up in the hospital.

8. Would it be desirable to ask for legislation, requiring that every training school provide a properly qualified instructress of nurses and a graduate night superintendent? Answer—The average small hospital is not in a position, financially, to employ both an instructress of nurses and a night superintendent as well as the superintendent. Legislation requiring both would therefore be unreasonable. But provision should be made for one graduate assistant in every small hospital, who might be called upon in case of need either day or night, just as the superintendent is, under present conditions. She would also be expected to assist in class work and instruction.

9. Would you favor training school inspection by a competent Government official, preferably a nurse, on the lines of the present common school inspector? Answer—Until training school inspection becomes a reality, we can not hope for a standardization of training. The inspection should certainly be done by a nurse, and one who understands modern training school methods, and would be in a position to help and advise the head of the school.

10. Would the hospitals be justified in requesting the Provincial Government to give a special grant towards expenses incurred by the



*education* of nurses, such as the employment of trained nurse-teachers, etc? Answer—The hospital staff should be competent to undertake the teaching of nurses. But a Government grant providing equipment, such as is found in the up-to-date class room of the modern larger hospital, would be most acceptable and a request for such would be perfectly justifiable. The special hospitals in the Province, such as King George, and King Edward Hospitals, the Provincial Sanitarium, have all experienced their willingness to co-operate in an affiliation movement, destined to benefit the small hospitals, although I have no written statement from them at present.

At a meeting of the Winnipeg members of the Committee held during the past week, it was felt that the following points should be emphasized in any future legislation asked for by this Association.

A. Increasing the number of Hospital beds necessary to the establishment of a Training School.

B. Inspection of all Training Schools by a competent Nurse inspector, acceptable to the Provincial Government, the University of Manitoba, and the Manitoba Association of Graduate Nurses.

C. Legislation requiring the employment of at least one Graduate Nurse, beside the Superintendent, in all Hospitals.

D. Compulsory registration for all nurses employed by the Province at large, and by Municipalities within the Province. Your Committee felt strongly on this point.

E. That all nurse examiners appointed by the University of Manitoba, should be themselves registered nurses.

It may be that the present is not a suitable time at which to bring forward such legislation as is here outlined. The grave shortage of nurses, which exists at present throughout the Dominion, might make some of the proposed improvements prove hardships, if enforced at once, but your Committee felt that a policy must be outlined and adhered to as far as possible under the conditions.

We also feel that a Manitoba Nurse Convention would be of great mutual assistance to us all, but in view of the possible re-organization of the Canadian Society of Superintendents, and the Canadian National Trained Nurses' Association, this may be provided for in some way not at present fully outlined.

All of which is respectfully submitted.

(Signed) E. INCLEDON JOHNS, Reg. N.

Convener.

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Of all felicities the most charming is that of a firm and gentle friendship; it sweetens all our cares, dispels our sorrows, and counsels us in our extremities.

**Programmes and Arrangements  
for the Conventions of the Society of Canadian Superintend-  
ents of Training Schools and the Canadian National  
Association of Trained Nurses**

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SOCIETY OF TRAINING SCHOOL SUPERINTENDENTS.

MONTREAL, JUNE 12th AND 13th, 1917.

Tuesday, June 12th, 10.30 a.m.

Call to order.

Minutes of meetings.

President's Address.

Reports of Committees.

General Business.

Nomination of Officers.

Tuesday, 2.30 p.m.

Joint meeting with C. N. A.

Invocation—Rev. Arthur French.

Addresses of Welcome—Miss Livingstone, Lady Superintendent of  
Montreal General Hospital; Sir Herbert Ames; Major the  
Rev. J. Williams.

Responses to Addresses of Welcome.

Paper—A summer at St. Anthony's, Labrador. Miss J. M. Woodbury.

Tuesday Evening, 8 o'clock.

Call to order.

Paper—(Title to be given later.) Col. A. McKenzie Forbes.

Paper—The preparation of nurses for Military Work. Matron Jean  
Cameron Smith, C.A.M.C.

Paper—Work being done in Montreal in connection with the Patri-  
otic Fund. Miss F. M. Shaw.

Paper—(To be announced later).

Wednesday, June 13th, 10.30 a.m.

Call to order.

General business.

"Round Table" (Under direction of Miss Flaws, Wellesley Hos-  
pital, Toronto, Ont.

Wednesday, 2.30 p.m.

Paper—How are Schools of Nursing obligated to prepare students  
for Public Health Service? Miss Ella Phillips Crandall, R. N.

Paper—The Problem of the Feeble Minded. Miss Keyes.

Paper—Milk Station Work. Miss H. R. MacDonald, Hamilton.

Paper—Work with the Baby Clinic. Miss Forsythe, Toronto.

Unfinished business.

Election of Officers.

Address of President Elect.

Adjournment.



## CANADIAN NATIONAL ASSOCIATION.

Tuesday, June 12, 2.30 p.m.

Joint meeting with the Superintendents Society. See programme above).

Wednesday Evening, 8.00 o'clock.

Paper—Military Nursing Overseas. Nursing Sister J. Scott, C. A. M. C.

Paper—Nursing Ethics. Miss Elizabeth Robinson, Scovil.

Paper—Nurses' Work in Woman's Institutes. Miss Kennedy, Victoria.

Paper—(To be announced later).

June 14th, 10.30 a.m.

Address of President.

Report of Secretary.

Report of Treasurer.

Report of Special Committees.

Report of Affiliated Societies.

Unfinished business. New business.

Election of Officers.

June 14th, 2.30 p.m.

Paper—Midwives in Canada? Miss Mary Ard MacKenzie.

Paper—Nursing Care of the Women of the Prairie.

Paper—How to keep our Schools clean. Miss Jean Browne, Regina.

Paper—The Hospital in Relation to Social Service. Miss Lucy Phinney, Gen.-Sec. Woman's Directory, Montreal.

June 15th, 10.00 a.m. Business meeting.

June 15th, 2.30 p.m. Unfinished business.

Paper—History of Nursing. Miss G. Snyder, Lady Superintendent V. G. H., Vancouver, B. C.

*Entertainment to be Provided by the Arrangement Committee of Montreal*

Tuesday, June 12th, 1917.—Guests of the Western Hospital at Windsor Hotel for lunch.

Tuesday Afternoon.—By motor to Children's Memorial Hospital where members will be entertained at tea.

Wednesday.—By train to St. Anne de Bellevue. Guests at luncheon of McDonald College. Afternoon session held at College. Guests of the Board of Alexandra Hospital for tea.

Thursday.—Delegates to be guests of the Royal Edward Institute for lunch.

Thursday Afternoon.—Mr. Hooper entertaining for Montreal General Hospital at Hunt Club.

Thursday Evening.—Musical at the Montreal General Hospital.

Friday.—Guests of Dr. Reddy at lunch, entertaining for Women's Hospital.

Friday Afternoon.—Session and tea at the Royal Victoria Hospital.

Friday Evening.—Imperial Order of Daughters of the Empire entertain members at Art Gallery, through courtesy of the Art Association.

## Editorial



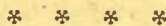
The programmes for the two conventions to be held in Montreal, June 12th to June 16th, are now well under way, and can be found on another page of the magazine. The delightful entertainments arranged for us by the Montreal Committee are to be found there also.

Some of the papers promised are not in, but we hope to get them soon. Are we all prepared to give as well as to get? None can come who will not have something of interest that will help in the discussion of papers or the helpful talk of the "Round Table," or national problems relating to nursing. We are all interested whether in active work or not. Is there anything more appalling to a President than the chilly silence that meets her request for a little discussion on the paper that has had much time and thought spent on it? Not that the nurses are lacking in their opinions, for full and free discussion takes place after all is over, but what help is that?

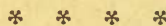
A healthy opposition often helps more than one knows at the time even if it does require a certain amount of courage to announce one's stand.



In a letter from Montreal we get the following information about the arrangements for the Convention: The official headquarters will be in the Windsor Hotel, and the proprietors have given us the special prices of: Double rooms with bath, per day, \$4.00; single rooms, per day, \$3.00; single rooms without bath, per day, \$2.00. The hotel is giving us the use of their hall for the meetings.



A serious shortage of staff nurses in all the hospitals throughout Canada is beginning to cause much inconvenience to the already burdened superintendent. One hesitates in even suggesting that any nurse stay home when the call is so urgent overseas, but there are many who are not physically fit for the overseas duty who go when they would be more patriotic to stay and do the duty that lies nearest.



Among the interesting features of the effect of registration in Alberta, is the clause attached to the Bill for Free Hospitals, which has been before the Legislature in that province. It is stipulated that only properly qualified doctors and registered nurses shall be attached to these hospitals. This was introduced without the intervention of either doctors or nurses and shows that in Alberta good work has been done in showing the "layman" the advantages of registration for both doctors and nurses.



Many of our subscribers forget the expiry notices placed in their magazine until the magazine has been stopped. Owing to the increased price and scarcity of paper we cannot continue to carry subscribers after the expiration of their subscriptions. Only the required number of copies are printed, therefore back numbers cannot be supplied. If each subscriber will send the renewal slip as soon as she receives it, it will save her much annoyance in missing numbers.

In giving changes of address please give the old one as well as the new that time may be saved in looking the names up.

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Please report any trouble you have in receiving the magazine, it is always so much easier to rectify mistakes at once than after several months have gone by.

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## Letters to The Editor



Dear Editor:

In our Association here we are composed for the most part if not entirely of missionary nurses. Therefore we include in our number women from Great Britain and her colonies, U. S. A., Continent of Europe, etc.

Sometimes we find it difficult to get proper information as to the bona fide standard and registration of some Training Schools from which some of the candidates come.

Can you tell me if there is a list of the properly standardized Training Schools of Canada, or of any of the provinces of Canada.

Where could I obtain such a list? I would be very grateful if you would give me any information you can on the subject, or put me in the way of getting.

You ask for anything interesting from this quarter of the world. I have not time this mail, but hope to send you something later.

I look forward to our "Canadian Nurse" monthly and read it from cover to cover. I pray you may be richly prospered in your work and that many lives may be made rich toward God through you.

Very sincerely yours,

LEILA E. BATTY.

China Inland Mission,  
Shanghai, China.

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Let not the dark hours be the only ones you count, try always to be like the sun dial, that only counts the bright ones.—*Carmen Sylva.*



## Chief Superintendent's Annual Report, 1916

The annual report of the Victorian Order of Nurses for Canada must be again presented with the war back-ground and, though the handicaps from that cause have been many, the report for the year 1916 is a good one—a remarkably good one when everything is taken into consideration. One of the most serious of these handicaps is the shortage of nurses. That is gradually improving, however, and the others are rapidly disappearing. When the war broke out, many of our committees were more or less panicky, fearing that it would be necessary to suspend V. O. N. activities until after the war, and town districts where Branches were to have been organized, dropped all plans for the time being. Now, the past year has shown a wonderful change—the panicky condition is not noticeable at all, and the reports, with very few exceptions, show increased visits, increased fees and contributions. Renewed enthusiasm and a determination to strengthen their branches, to extend and deepen their usefulness are distinguishing features of most of them. For, they have looked ahead and now realize that the need for V. O. N. nurses will be very great in that time of re-adjustment which will come after hostilities are at an end. In that time of re-adjusting, many who have never felt the pinch of poverty will feel it, and the fact that they have always in the past been independent and well able to look after themselves, will make it hard, very hard, for them to ask for relief in any shape or form. It will be the V. O. N. nurses with their trained social sense, who can reach these people as no others can, and thus will be the means of preventing much unnecessary suffering. That that belief has taken hold of the people is very evident in the renewed efforts of the existing Associations to leave no stone unturned to put and keep their organizations on a firm basis, and in the requests received from committees to have branches of the Order opened for them.

The statistical returns from the various branches are very interesting and very encouraging, showing that during the year, the nurses in



the hospitals and districts cared for 50,365 patients, and the district nurses made 312,018 visits, 9,128 of which were in response to night calls, 1,510 days of continuous nursing were reported and 54,738 hospital days. On comparing these figures with those of last year, we find that 6,190 more patients were cared for this year, 3,470 more visits paid, 306 days more continuous nursing and 4,929 more hospital days reported.

Of the visits given, 5974 were pre-natal, 70,749 child welfare and 46,468 school nursing. Here the increases are most gratifying—1,548 more pre-natal, 60,478 more child welfare and 1,976 more school nursing visits than last year. These figures speak volumes for the up-to-dateness of the Order—showing that the various committees and staff are working zealously for conservation of child life, and are starting at the right point—the care of the mothers.

During the year, sixty-seven nurses were admitted into the Order, twelve were re-admitted and seventy-seven resigned. The reasons for the resignations are: To be married, 20; To go overseas, 16; Ill health, 10; Unsatisfactory, 8; To do other work, 8; Needed at home, 7; Two were dissatisfied, two were asked to resign, two found the work too hard and two are resting. There are now 294 nurses working under the Order, an increase of two during the year.

These are distributed as follows:—V. O. N. nurses in districts, 178; V. O. N. nurses in hospitals, 45; Nurses taking post-graduate course, in the Training Centres, 30; Nurses in training in hospitals, 38; and three on the Central Board Staff. One hundred and thirty-six visits of inspection were made—71 by the Chief Superintendent and 65 by the Assistant Inspector and 22 visits of organization by the Chief Superintendent.

Three new branches have been opened—a country district at Meota, Saskatchewan; a hospital at Edam, Saskatchewan; and a nurse has been placed on the Rama Indian Reserve for three months. The hospital at Chase, B. C., has been re-opened. Besides those, eight new districts are ready for nurses, viz.: Lanark, Ont.; Eyebrow, Consul, Foam Lake, Mantario and Medstead, in Saskatchewan; and Saanich, B. C., and grants have been promised towards the building of hospitals at Birtle, Manitoba; and Chinook, Alberta. Six other districts have appointed preliminary committees who are working on plans. Nine branches have increased their staffs, viz.: Halifax, N. S.; Lachine and Westmount, Quebec; Toronto, Hamilton and London, Ontario; Winnipeg, Manitoba; Melfort, Saskatchewan; and Calgary, Alberta.

(Continued in next month's issue)

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.



### **The Canadian Nurses' Association and Register for Graduate Nurses, Montreal**

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.

Second Vice-President—Miss Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Club Room, 638a Dorchester Street West.

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The monthly meeting was held in the Club Room on Tuesday evening, May 1st, when Prof. Welch delivered a most delightful and instructive lecture on "Punch," which was illustrated by excellent slides.

Miss Kelly, who has been ill, has so far recovered as to be able to leave the hospital.

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## **Hospitals and Nurses**



### **NOVA SCOTIA**

The monthly meeting of the N. S. G. N. A. was held at the residence of Mrs. H. B. McLaren. After the usual business a most interesting address was given by Miss Woodbury on her work as nurse at St. Anthony's Hospital, Labrador.

A tea was recently given to Mrs. Bowman, Supt. of the Victoria General Hospital, Halifax, who is leaving on extended leave on account of the serious illness of her father. She will be very much missed and her friends hope for a speedy return.

Six Sisters from the Military Hospital have left for camp at Aldershot, Sister Hayden being Acting Matron.

Miss Mildred Wood, (H.S.C.) Toronto, has been appointed Assistant at the Halifax Children's Hospital.

Miss Pickles, Assistant at the V. G. H., has returned from her holidays.

Miss Beatrice McLaughlin has been appointed Night Superintendent of the H. C. H., Halifax.



Miss Pemberton, late of Restholm, has accepted a position as Night superintendent of the V. H. H.

Matron Pope of the Military Hospital has been on sick leave.

A new clearing hospital has been opened on Pier 2, on the waterfront. This will accommodate 500 patients. As the wounded arrive they are sent from it to their various home centres and to the different hospitals and Convalescent Homes throughout the country. The hospital trains are manned by doctors, orderlies and nursing sisters.

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#### QUEBEC

Miss W. Bryce, (1907) and Miss F. H. Wylie (1906) R. V. H., are at No. 3 Canadian Casualty Clearing Station, France.

Miss Marion Hague (1916) is at the "D" Shorncliffe Military Hospital.

IN MEMORIAM—The nursing profession in Canada has recently suffered a serious loss in the death of the late Miss G. M. Molony, which took place near Sherbrooke, March 28th, 1917. Miss Molony six years ago suffered a serious breakdown from her work at the Jeffery Hale Hospital, Quebec. She was a native of Coaticook, Quebec, and as a teacher was very successful, afterwards taking up the training at the Montreal General Hospital. She remained on the staff of the hospital till her appointment as Superintendent of the Jeffery Hale Hospital, Quebec. Miss Molony was a woman of exceptional ability and to the doctors, her patients, and above all to her nurses, before whom she always upheld the highest ideals of her profession, her loss is irreparable.

#### FOUR YOUNG LADIES LEAVE TO CARE FOR LEPERS

Members of the regular and secular clergy, relatives of the departing sisters, pupils, and a number of the benefactors of the convent bade adieu yesterday afternoon, at the Convent of the Missionary Sisters of the Immaculate Conception, to the four sisters who have volunteered to go to care for lepers in Canton, China. The names of the four sisters who have given up their lives to these unfortunates, are, Sister Aimee de Marie (nee Miss Brodeur, Beloeil), Sister Marie Immaculee (Miss Vanchestein, St. Michel), Sister Marie de la Misericorde (Miss Berthe Dufresne, St. Helene), and Sister St. Etienne (Miss Plouffe, Montreal).

Previous to the Benediction of the Blessed Sacrament, Archbishop Bruchesi delivered a short address, in which he spoke of the work in Canton and of the sacrifice which the four sisters were making in going into this leprosy colony. They would be welcomed in China, he said, by the Bishop of Canton and would immediately enter upon the new life for which they had been prepared. The four sisters were like a little army going forth to win souls for the Master, concluded His Grace.

Relatives and friends were at the Windsor Station in the evening to say a last farewell. The four missionaries left on the 10.15 train for Vancouver, B. C.—*Montreal Star*, April 20th, 1917.

## MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION

The annual meeting of the M. G. H. A. A. met in the drawing room of the Nurses' Home on Friday afternoon, April 13th, with a fair attendance, and Miss Dunlop in the chair. The minutes of last annual meeting as well as those of last monthly meeting were read and approved, followed by the reports of the Treasurer, Corresponding Secretary, Recording Secretary, Registrar and Convener of Red Cross Committee.

Several items of business were then taken up by the meeting. It was decided to discontinue our register for the present, which has been kept up by the Alumnae for several years, but owing to the diminished number of nurses on the register, caused by the war, having eighty-three of our school at the front at present, we decided to postpone it indefinitely.

It was also proposed to reduce the Alumnae membership fee from \$3.00 to \$1.00, which was done unanimously. It was then moved by Miss Strumm, seconded by Miss Ketchen, that two prisoners of war in Germany be supported by the Alumnae, which was carried. A proposition was brought up by Miss Jamieson to take \$5,000 from the Sick Nurses' Benefit Fund to endow an Alumnae bed in the private wards of the hospital. After some discussion it was decided to consult the advisory board, who afterwards asked for a written proposition to go before the Board of Governors of the M. G. H.

Before the close of the meeting the election of officers took place for the ensuing year as follows: President, Miss McNutt; First Vice-President, Miss Colley; Second Vice-President, Miss Moffat; Recording Secretary, Miss Strumm; Corresponding Secretary, Mrs. Clayton; Treasurer, Miss Jamieson; Executive Committee: Misses Fraser, A. DesBrisay, Stericker, O'Regan and Vipond; Correspondents to "Canadian Nurse," Misses Jamieson and L. Gordon; representatives to Local Council of Women: Misses L. Stewart and L. White; Proxy, Misses Eugelke and M. W. McLeod; Refreshment Supervisor, Miss Ketchen. The meeting closed, after which refreshments were served.

The marriage is announced to take place some time in May of Nursing Sister Pearl E. Babbitt, (Class '13), to Captain (Dr.) Walters, both on duty in France.

Miss L. Caswell, a recent graduate, has been taken on the staff of M. G. H. as assistant night superintendent.

Miss Stericker was relieving for a few weeks as superintendent of the hospital in connection with the munition factory at Verdun, Quebec.

Miss McMartin has taken a position in Dr. Edgar's office at Lachine, Quebec.

We regret to relate the illness of three of our graduates, Misses Houghton, Holland and Briggs, and hope for their speedy recovery.

Miss L. A. Stewart, a recent graduate, has been taken on the staff of the S. O. R. of the M. G. H.

Miss B. Outterson (Class '15), has joined the A. M. C. and is now



in charge of the operating room in the Military Hospital on St. Matthew Street of this city.

Nursing Sisters Watling, Handcock and McDermott have gone from No. 3 General Hospital (McGill) to Casualty Clearing Stations on the front line, the two former to No. 10 and the latter to No. 3.

Mrs. Johnston (nee Miss Isabel Nichol) has returned to the city after a very enjoyable trip through Colorado and California.

On receipt of a letter from Miss Cole (Class '13), Superintendent of Presbyterian Hospital, New Orleans, we are pleased to note that she and her assistant, Miss Barwick (Class '16) are continuing their services there, and enjoying their work.

Mrs. Richard Tanner, of Ottawa, announces the engagement of her second daughter, Edith Reed Tanner, to Mr. Paul Kirkpatrick, B. S. C., of N. S. The marriage will take place early in June. Miss Tanner is a recent graduate of the Montreal General Hospital.

The engagement has been announced of Nursing Sister Isabel Strathy to Lieut. Alex. McMurtry, both of this city.

Miss Winnie Gordon has undergone an appendectomy operation at the M. G. H., and is making a good recovery, we are pleased to note.

Miss Hutchins has been spending the past six months in Platsburg, New York.

Miss Edith Cowen has returned home after a two months' trip through the Eastern States.

#### ROYAL VICTORIA ALUMNAE, MONTREAL

On the evening of 11th April, a reception was given by the Alumnae Association to the graduating class, when a very pleasant evening was spent by the old graduates and the new. Cards were played for an hour, and then some of the nurses did some exceedingly pretty dancing with music and recitations interspersed. A letter was read from Miss Lewis, who has lately left the Maternity Hospital, to the last of her professional children, as she calls them; and Miss Orr responded in a very bright valedictory address. One of the features of the evening was the dancing of the minuet by twelve of the nurses in the costume of the time, very gracefully and daintily done. Refreshments were served by the now senior class. The proceeds of the evening go to endow a room for sick nurses. Some handsome donations have been received from old graduates at a distance.

The graduation of the Class of '17 took place on the 18th of April, at 3.30 p. m., Sir Vincent Meredith in the chair. Col. C. B. Keenan, M. D., D. S. O., who has recently returned from the front, after splendid work done there, addressed the nurses, giving them much useful and kindly advice whether they went overseas or remained at home. Mrs. Keenan presented the diplomas, after which tea was served in the dining room which was very prettily decorated. A great number of the friends of the hospital and the graduating class were present. Twenty-eight nurses graduated at this time. In the evening the graduates were entertained as usual by the senior class.

Miss May Griffin, (Class of '12) was in the city lately, and her friends at the R. V. H. were glad to see her at the graduation. She has been at the coast for some time, but is now living at home in Ottawa.

Miss Baker (Class of '15), Miss MacNish (Class of '11), and Miss Moodie (Class of '15), have recently left for overseas work, the first to join the Q. A. I. M. N. S., the second the R. A. M. C., and the last the C. A. M. C.

Four nurses graduated from the Women's Hospital Training School, Montreal, Thursday: Miss D. Jack, Mrs. R. Flesh, Miss H. Wyman, and Miss H. Slade. The graduation was attended by friends and relatives. The drawing-room of the Nurses' Home was decorated with daffodils and narcissi. The medals were presented by Dr. Burnett and the diplomas by Dr. Reddy, who also addressed the graduating class. Cards were played at six tables and prizes awarded, after which dancing took place.

\* \* \* \*

#### ONTARIO

At the Annual Meeting of the Hamilton Chapter of the G. N. A. O., March 23rd, 1917, the following officers were elected: Chairman, Miss McColl; Vice-Chairman, Miss E. J. Deyman; Secretary, Mrs. O'Brien; Treasurer, Miss Taylor; Committee: Miss Hanna, Miss Beckett, Mrs. Bucke, Miss McDonald and Miss Laidlaw.

Miss Hanham, Superintendent of Memorial Hospital, Pincher Creek, Alberta, spent a few days in Hamilton before leaving for overseas duty.

Miss Harley has been appointed to the staff at the base hospital, Toronto.

Nursing Sister Anna Beck is stationed at Moore Barracks, Shorncliffe, England.

Miss E. M. Long, Miss M. A. Wilkins, Mrs. Pearl Simmons, Mrs. G. Malcolmson, Miss E. J. Deyman, of Hamilton; Miss Rothwell, Miss Carscallen, Miss Mason, Miss E. Lindsay, R. Galloway, E. Galloway, S. Barbour, and J. Duncan have recently left for Overseas duty. Nursing Sister Pearl Simons is in charge of one unit.

Nursing Sister Nancy Dunn is at No. 2 British Stationary Hospital, France.

Nursing Sister Doyle is at No. 2 Canadian General Hospital, France.

We regret to hear that Nursing Sister Elizabeth Aitken, No. 2 Stationary Hospital, France, is ill.

Miss Nellie Wright is in charge of the operating room, Sick Children's Hospital, Toronto, Ont.

Mrs. Jarvis (nee Gladys Young) has been appointed to take charge of the Dispensary of the Hamilton Health Association.

Miss Buckbee has accepted a position in the office of Dr. Hess.

A special meeting of the Alumnae Association and local chapter of the G. N. A. O. was held April 20th to consider making a donation to the Woman's Tribute Night Fund. The sum of \$25.00 was given.



"Carry On" is the motto of the new chapter of the I. O. D. E., formed March, 1917. Many nurses have joined the new chapter. Miss Madden is second Vice-President and Mrs. O'Brien is Convener of a reception committee to meet returned soldiers.

Mrs. O'Brien, 170 St. Catherine Street North, is appointed as "Canadian Nurse" representative.

The annual meeting of the K. G. H. Alumnae Association was held at the Nurses' Home, May 1st, Mrs. Nichol, President, in the chair.

Mrs. Nichol, President of the G. K. G. H. A. A., who has been spending the winter in California, has returned.

The reports showed that \$300.00 had been spent in Red Cross work and Christmas stockings for the nurses overseas. Seventy-five dollars was also spent for linen for the Nurses' Home. Nursing Sister A. Gillespie (K. G. H.), left recently for overseas.

Nursing Sister A. Filson and Sister L. Hicks are on the staff of the Ongwanda Military Hospital. Major Filson and Captain Hicks are overseas with the Queen's Ambulance Corps.

Miss O. O'Neill, Miss M. Klein and Miss A. Swerbickall, of K. G. H. are on the staff of the Military Hospital, Kingston.

Miss E. Brown and Miss F. Hiscock, both of K. G. H., are at the Convalescent Military Hospital on the Rideau River, near Kingston.

Nursing Sister G. Wright (K. G. H.), who has been Matron of the Richardson Home, has left for overseas.

At the recent graduation exercises of the Kingston General Hospital, the following nurses received their diplomas: Miss Ruby Chandler, Norwood; Miss Mildred Cullen, Kingston; Miss Gertrude Smith, Windsor; Miss Mary Boyce, Pembroke; Miss Meryl Wright, Portsmouth; Miss Mary Fife, Indian River; Miss Jean Kines, Milverton; Miss Gertrude Murdock, Cobden; Miss Lulu Loudon, Dixon's Corners; Miss Ruth Percival, Mountain; Miss Gertrude Simes, Lyndhurst; Miss Mary Howes, Godfrey; Miss Norma Johnston, Moscow; Miss Olivia Wood, Kingston; Miss Pearl Martin, Morewood; Miss Eileen Bradley, Kingston; Miss Pearl Matthews, Roseneath. Gold Medal—Miss Ruby Chandler, Norwood. Silver Medal—Miss Mildred Cullen, Kingston. Materia Medica Prize—Miss Gertrude Murdock, Cobden. Intermediate Prize—Miss Daisy McNamee, Kingston. Junior Prize—Miss Marion Davis, London, Ont. The exercises in connection with the nurses' graduation will be held on Tuesday evening, May 8th, in the Sydenham Street Methodist Church.

As representative for the Province of Ontario on committee on Public Health Nursing, I beg to submit the following report:

Shortly after being appointed by the executive of the G. N. A. O., I received a communication from Miss Dyke, convener of committee, asking me to meet her to consider plans for the work to be done. It was decided to make a survey of the public health nursing now being done in the province, and to this end a circular letter and questionnaire were outlined, and through the kindness of Miss Dyke two thousand copies of each were

made. Then came the problem of distribution, to reach any or all who were doing preventive nursing. We knew there were twenty cities and towns in Ontario with medical inspection of schools under boards of education, and these could readily be reached. Miss MacKenzie, Superintendent of Victorian Order of Nurses, kindly furnished a list of names, and these were communicated with. Dr. McCullough, Provincial Officer of Health, was told of our plan, and he generously offered to send out copies with his annual report to the medical officers of health, putting us in touch with seven hundred and fifty districts.

After some communication with Mr. Putman, Superintendent of Women's Institutes, he very kindly furnished a list of one hundred secretaries and these were also sent copies. So far replies have been received from only a few, so that I cannot offer anything like a complete report. We may be disappointed in the number of replies received, and the number of workers reported, but we entertain the hope that the survey may at least create a wider interest in public health nursing; and that some thoughts may be aroused which will lead to a consideration of the supplying of this great need.

Respectively submitted,

ELLA J. JAMIESON.

\* \* \* \*

#### MANITOBA

The annual meeting of the M. A. G. N. took place March 27th at the Nurses' Residence, the President, Miss Gilroy, in the chair. Numerous reports concerning the activities of the various committees were read and adopted. The following officers were then elected: President, Miss Ethel Gilroy; First Vice-President, Miss K. A. Cotter; Second Vice-President, Miss Maria Herman; Third Vice-President, Miss J. Stensby; Secretary, Miss Isabel Laidlaw; Treasurer, Miss Gauld; Corresponding Secretary, Miss Johns; Board of Managers: Miss K. A. Cotter, Miss I. Laidlaw, Miss Gauld, Miss Spratt.

Report of Committee on Legislation of the Manitoba Association of Graduate Nurses will be found on other pages of this issue.

\* \* \* \*

#### SASKATCHEWAN

The annual meeting of the Saskatchewan Graduate Nurses' Association met in Regina April 10th, 1907, the President, Miss Jean Browne, in the chair. After the usual reports the principal business was taken up. This was chiefly in relation to the Bill just passed by the Legislature. Constitution and by-laws had to be framed. It was decided to appoint the members of the Registration Committee for two years and the two members for one year. After the afternoon session the members were entertained at the residence of Mrs. J. A. Black.

The evening session came to order with the roll call, after which the Mayor, Mr. Cowan, welcomed the nurses to the city of Regina, and spoke of the progress the nursing profession had made in Saskatchewan. It



was decided to appoint Mrs. Van Walkenberg as delegate to the Convention in Montreal.

After discussion of the Bill and the election of officers, the meeting adjourned. Following are the officers: Hon. President, Miss Rickie, Regina; President, Miss Jean Brown, Regina; First Vice-President, Miss Jean Wilson, Moose Jaw; Second Vice-President, Miss Campbell, Saskatoon; Secretary-Treasurer, Mrs. Van Walkenberg, Regina; Council: Miss Hicke, Weyburn; Miss Helen Walker, Yorkton; Mrs. Feeney, Prince Albert; Miss Skinner, Melfort; Miss Grace M. Cooper, Regina.

The new Executive met Wednesday at 10.30. The Committee on By-laws presented their reports, which were filed for future consideration. Various business matters were considered and the following committees were appointed: Eligibility: Executive; Public Health: Mrs. Feeney, Misses Hicks and Walker; "Canadian Nurse," Executive and Misses Weeks and Pearen. This committee is to solicit subscriptions and advertisements and to be responsible for news to be sent to the magazine. In the afternoon the Government gave a very delightful reception to the teachers, the I. O. D. E., and the nurses.

#### ABSTRACT OF REGISTRATION BILL FOR NURSES

Bill No. 24 of 1917: "An Act respecting the Saskatchewan Registered Nurses' Association"—

*Council of Management.*—The affairs of the Association shall be under the management of a council, composed of seven members, of whom two shall be appointed annually by the College of Physicians and Surgeons of the Province of Saskatchewan, and five shall be elected by the Association from the members in good standing.

*Council to Make By-laws.*—The council may make by-laws, rules and regulations, not contrary to law or the provisions of this Act, for all purposes relating to the affairs, business and property of the association, its management, government, aims, objects and interests, including registration and the issue of registration certificates; the appointment, functions, duties and removal of officers or servants of the Association, and their remuneration; the time at which and place where the annual meetings of the Association shall be held; fixing and collecting the amount of the admission fee; the suspension and expulsion of members; the examination of applicants for registration, and the conduct in all particulars of the affairs of the Association; but every such by-law and every repeal, amendment or re-enactment thereof, unless in the meantime confirmed by a general meeting of the association duly called for the purpose, shall have force only until the next annual meeting, and in default of confirmation thereat shall be null and void.

*Graduates of Training Schools.*—All persons of good moral character resident in Saskatchewan, who are graduate nurses or who are in training at the time this Act goes into effect and thereafter become registered nurses, shall, on production of a diploma from a training school for nurses issuing diplomas at the time of the coming into force

of this Act, or any other training school recognized by the Senate of the University of Saskatchewan, be admitted to the register of registered nurses.

*Conditions of Registration.*—Except as hereinbefore provided, no person shall be entitled to be registered after the coming into force of this Act unless he or she has followed a regular course of training in a school for nurses in the branches of the profession prescribed by the Senate of the University of Saskatchewan, and has passed a satisfactory examination conducted by a board of examiners appointed by the said University, or has produced certificates of having passed examinations accepted as equivalent thereto by the said board.

*Examination.*—All examinations and matters pertaining thereto under this Act shall be determined and conducted by a board of examiners appointed by the University of Saskatchewan after consultation with the council of the Association.

*Designation.*—Every person registered under this Act shall be known as a registered nurse, and any unregistered person assuming such title, or using the abbreviation "Reg. N." or in any manner representing that he or she is a registered nurse, or by false or fraudulent declaration attempting to procure registration under this Act, shall be guilty of an offence and liable, upon summary conviction before a police magistrate or justice of the peace, to a fine of twenty-five dollars, and, in default of payment, to imprisonment for a period not exceeding six months.

\* \* \* \*

#### ALBERTA

The last monthly meeting of the Calgary G. N. A. was held in the Hall of Holy Cross Hospital. The Mother Superior kindly invited the members to meet there regularly, which invitation was gratefully accepted as this will enable the Sisters and Nurses on special duty to be present, besides providing a permanent place of meeting. It was a great pleasure to receive into membership the Mother Superior and seven other sisters. Refreshments were served and the meeting adjourned.

By means of a guessing contest, the C. G. N. A. raised eighty-seven dollars for comforts for the soldiers at the local Military Hospital. At the graduation exercises of the Calgary General Hospital twenty-one nurses received their diplomas. Mayor Costello presided and expressed on behalf of Governor Brett his best wishes to the class. Speeches were made by several members of the Board. A pleasing feature of the exercises was the presentation of a basket of flowers to the class from the nurses of Holy Cross Hospital. Following is a list of graduating nurses of Class 1917: Miss Annie Forbes, Denmark, Colchester Co., N. S.; Miss Phyllis Binkley, Cranbrook, B. C.; Miss Jean Elliott, Dornoch, Scotland; Miss Gertrude I. Gogo, Brockville, Ont.; Miss Alexandra M. Ing, Buckinghamshire, England; Miss Lillian Watkins, Everett, Washington; Miss Harriet Whale, Durham, England; Miss Emma Reynolds, Beachville,



Ont.; Miss Mary E. Cooper, South Mountain, Ont.; Miss Mary Hall, Glasgow, Scotland; Miss Jessie M. Boyd, Biggar, Lanarkshire, Scotland; Miss Elizabeth L. Whyte, Calgary, Alta.; Miss Mary V. Williams, Toronto, Ont.; Miss Eva M. Johnston, Brantford, Ont.; Miss Mary A. Livingstone, Manchester, England; Miss Mabel E. McIntosh, Waterville, Quebec.; Miss Evelyn J. Glassford, Calgary, Alta.; Miss Phyllis Evans, Parkland, Alta.; Miss Evelyn C. Forster, Morden, Man.; Miss Eleanor L. Renwick, Durham, England; Miss Charlotte Thomson, Parkland, Alta.

\* \* \* \*

### BRITISH COLUMBIA

Miss Ferris, Dietitian at the Royal Columbian Hospital, New Westminster, B. C., has resigned her position and has gone South. Miss Mary Dobbs has taken her place. Miss Eleanor Bishop and Miss Francis Whittaker, graduates of the Royal Columbian Hospital, New Westminster, B. C., left for overseas service.

Mrs. Johnson, President of the V. G. N. A., has left for the Convention in Philadelphia of the A. N. A., and later will attend the two Conventions to be held in Montreal June 12th to 16th.

Miss Snyder, Lady Superintendent of the V. G. H., left lately to attend the Convention of the American Nurses' Association.

Miss Harriett O'Brien has been appointed matron of the Military Convalescent Hospital, Qualicum Beach. She is a graduate of the City and County Hospital, St. Paul, Minn., and has had splendid experience for the work on which she is about to enter.

Miss Leonora Gregory-Allen, who has been accepted by the C.A.M.C. for overseas service, leaves shortly. Her numerous friends in this city extend their best wishes for her success and speedy return.

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Through the goodness of the Hon'ble Mrs. Graham Murray, a Rest Home for Canadian nurses has been opened at 13 Cheyne Place, London, S. W., all expenses of which are to be defrayed by the Canadian Red Cross Society. A Club for nurses and V. A. D. workers has been opened at 8 Hope Street, Edinburgh, and so welcome was it that in a few days the members numbered 800. Many V. A. D. workers come long distances to help in hospitals and to them especially this club must be a great boon.

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### THE DAY—THE WAY.

Not for one single day  
Can I discern my way,  
But this I surely know—  
Who gives the day,  
Will show the way,  
So I securely go.

### Births

MILLER—At the R. C. H., New Westminster, B. C., a daughter to Mr. and Mrs. W. R. Miller. Mrs. Miller was Miss Anna Bowyer, (R. C. H. 1915).

BIRCHFIELD—At the R. C. H., New Westminster, B. C., April 12th, a son to Mr. and Mrs. F. M. Birchfield. Mrs. Birchfield was Miss Lena Percy (R. C. H. 1914).

BRIGGER—At Granite Avenue Hospital, Hamilton, Ont., a son to Mr. and Mrs. C. H. Brigger. Mrs. Brigger was Miss Edith Glass (H. G. H. 1908).

GURD—In Montreal, on March 27th, 1917, a son to Mr. and Mrs. Walter Gurd. Mrs. Gurd was formerly Miss Nora Pedley, Class 1912, R. V. H., Montreal.

### Marriages

SPROULE-FRANCE—At Fairmont Presbyterian Church, Montreal, by Rev. Mr. Lee, on April 12th, 1917, Miss Lena France (M. G. H. 1917) to Dr. Alexander Sproule, of Applehill, Ont.

LENNOX-THOMAS—At the residence of the bride's mother, Mrs. James Thomas, Elm Avenue, Montreal, on April 26th, by Rev. Mr. Smith, Miss Annie Laura Thomas to Dr. Thomas H. Lennox, of Maisonneuve, Quebec. Dr. and Mrs. Lennox will reside at 103 St. Catherine Street, Maisonneuve, Quebec.

### Deaths

MALONY—On March 25th, 1917, at Sherbrooke, Quebec, Miss Georgie Malony, Class 1903, Montreal General Hospital.

## The New York Nursery and Child's Hospital

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WE ARE OPEN to affiliations with accredited schools, desiring for their pupils special training in obstetrical nursing and in the care of children, as described below; duration of each course three months—combination course six months, and special instruction in the preparation of formulae and diets for infants and children.

Care is taken to make our environment conducive to the happiness of our nurses and in all ways we aim to provide them with a well-rounded experience.

Our range for experience is wide because of the unusual combination of maternity and baby hospital: the private floor gives exceptional opportunity for observation of methods in general practice, owing to the many physicians in private attendance.

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We are prepared to give a thorough and well-balanced three months' course in OBSTETRICAL NURSING. This course includes experience in modern methods in wards and private floors. Our obstetrical work among the city poor is valuable preparation for those wishing to qualify for the widening field of municipal sanitation and social welfare work. Weekly lectures, classes and demonstrations are given, together with evening talks to nurses and patients on prenatal influences; the after-care of mother and child, hygiene, sanitation and many instructive and interesting subjects.

### PEDIATRICS

A three months' course is also offered in PEDIATRIC NURSING, for those who desire especial training in the care of children. This course is invaluable in district nursing and civic child-welfare work, including as it does, experience in children's wards, observation wards, baby clinics and boarding-out system, lectures and classes. Formulæ-room instruction is included in each course.

### POST-GRADUATE COURSES

The above courses are offered to graduates of recognized training schools to whom a remuneration of \$10 a month is allowed.

For detailed information address Miss Rye Morley, Superintendent, 161 West 61st Street, New York City.





## H.R.H. Princess Patricia Cares for Wounded Soldiers

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Her Royal Highness Princess Patricia has taken one of the Canadian hospitals in a special manner under her care. Every Thursday afternoon the Princess goes to the Ontario Military Hospital at Orpington to help the men to forget their pain by teaching them to use their hands and their artistic sense in unaccustomed and pleasant ways. This weekly tuition has been going on for some time now, and at one visit recently there was to be seen in one of the wards a proud pupil with most beautiful lamp shades on the table by his bed. They were made of strong white paper, and decorated with flowers, birds and figures cut from chintz. The decorative effect was excellent. The most precious was that on which the sick man had learned his work, for the Princess had herself cut out skilfully some of the flowers. The pieces of chintz she had brought were specially chosen for the definiteness of their design and the ease with which a wounded man could manipulate the fabric and choose the special items in its design which pleased him most. It is not so easy as it looks, the patient will tell you. Your scissors may go too fast and spoil the foliage of your flower or the outline of your bird, but if you are careful you may—in time—do it nearly as well as the princess herself. The designs when they have been cut out have to be pasted very neatly on the shades, and then the whole carefully chosen, so that you would not know where the design began or ended. But that is not the only way the Princess has been teaching the use of chintz. There is a rival group who make the most delightful cushion covers. A skilled needleman will show you his appliqued borders of roses, and unless you have been making them yourself you would never guess where the joins were. He has used silking with the neatest of stitches, as even as those of a sewing mistress or the prize girl at a high school, and he is prouder of his beautiful work and less shy about it than of what he has done out there “somewhere in France.”

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If I can let into some soul a little light,  
If I some pathway dark and drear can render bright,  
If I to one in gloom can show the sunny side,  
Though no reward I win—I shall be satisfied.

---

Success in life is not so much a matter of talent or opportunity as of concentration and perseverance.

---

If thou hast yesterday thy duty done,  
And thereby cleared firm footing for to-day,  
Whatever clouds may dark to-morrow's sun,  
Thou shalt not miss thy solitary way. —*Goethe*.

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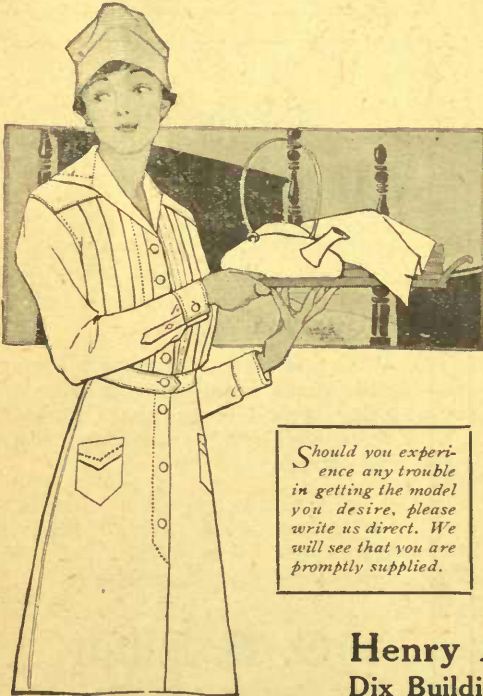
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By Galt Hospital, Lethbridge, Alberta. Canada, **Superintendent**. Salary to commence, \$100.00. Average fifty patients. Training school. There is a Dietician, Housekeeper and Graduate Night Supervisor, as well as Assistant Superintendent on the staff. Lethbridge, now well over 10,000, is a flourishing small city in Western Canada with a rapidly growing population. There are twelve medical practitioners on the Hospital Staff. Superintendent to have the option of bringing an assistant superintendent with her. Salary to begin, \$60.00. Write at once with full particulars. Address: J. E. Murrell-Wright, Chairman Hospital Board, Box 515, Lethbridge, Alberta, Canada.

## HOME FOR NURSES

Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanatoriums in the city) a splendid opportunity to become acquainted and established in their profession. Address 106 West 61st Street, New York City. Phone: Columbus 7780 7761.

## NURSING BOOKS

Technical Books—If there is any book on nursing you want, write us and we will try to get it for you—The Canadian Nurse, 302 Fifteenth Avenue, East Burnaby, B. C.

The essence of friendship is entireness, a total magnanimity and trust. It must not surmise or provide for infirmity. It treats its object as a God, that it may deify both.—Emerson.

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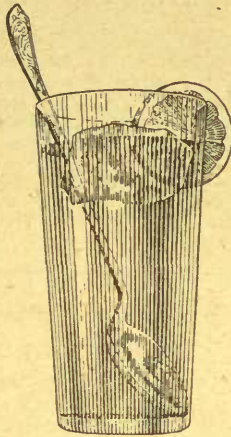
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# THE CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

VOL. XIII.

VANCOUVER, B.C., JUNE, 1917

No. 6

## Organized Neighborhood Nursing

### PART I.

(By Blanche Swainhardt, R. N.)

For a long time *all* visiting nurse associations have felt the necessity of extending nursing care to those whom they could pity; at last we have come to know a wider interpretation of our obligation and to realize that our greatest opportunity lies in doing for people before they are reduced to poverty and the need of commiseration. So much by way of a little foreword to a report which I am about to make of the Neighborhood Nursing Service as initiated by the Cleveland Visiting Nurse Association.

Owing to the fact that Cleveland, with a population of 650,000, a city of moderate homes and small apartments, had been supplied with the available service of only two hourly nurses, working independently, and the services of the Visiting Nurse Association, which is an organization primarily doing charity work, the need for organized visiting nursing service on a paid basis began to manifest itself several years ago. Because of this need, a group of open-minded citizens began studying how to solve the problem.

After a fairly thorough study of the conditions and needs, it was decided that no individual or group of individuals could organize an adequate extension service, carrying visiting nursing, with charges based on the hour system, unless it had back of it some working capital and the support of a permanent organization. In Cleveland the organization best prepared to do this work seemed to be the Visiting Nurse Association.

A working capital of \$1,500 with which to begin our extension was provided by a trustee of the Association, and a special committee, known as the Neighborhood Nursing Committee, was formed to work out details of organization and policy. At first it was thought wise to organize a special service. After careful consideration, however, it seemed that the only wise and democratic way was to do "visiting nursing" wherever and whenever requested.

The first question to be met was that of charges to be made; to decide this we divided the budget of the Association into the following headings: Nurses' salaries; substitute nurses' salaries; office salaries; telephone and miscellaneous office expenses; rent and cleaning; office supplies and printing; laundry; medical and surgical supplies; nurses' carfare; and found our total expense for six months. We divided this sum by the average



number of visits made during the same period, and in this way arrived at a basis for our charges.

It was decided that the best plan for working out this extension of nursing service would be through our already organized staff of visiting nurses, the nurses keeping the same geographical territory in which they had been working, and having such nursing aid furnished as the need might demand. The regulations as to hours of duty, salary, time off duty, etc., to remain the same as for other work under the Visiting Nurse Association, with the exception of the night service; the same nurses to care for all cases, and all additional help to be supplied to the district, not to particular cases. The scale of prices and general plan for the work was presented to the Cleveland trustees who, upon recommendation of the Neighborhood Nursing Committee, voted to make a three months' trial of the work.

The next step was that of publicity. Seven hundred letters were sent to members of the Cleveland Medical Association; five thousand leaflets were printed and distributed to various groups of wage earners, including the Police Department; the Sanitary Bureau; various individuals reached through the Health Department; to the workers of the Blind Association; to public schools, through the principals and teachers; to the librarians; to the Y. M. C. A. and Y. W. C. A.; to the various hospitals, for out-going patients; and to several firms with which we happened to have a business contact.

A number of different churches and sewing societies were visited, and short addresses describing all phases of the Association's work were presented in each instance. A paid advertisement was inserted in the *Cleveland Medical Journal*, which is continued each month, and the subject was treated editorially both in that journal and in the *Ohio State Medical Journal*.

Owing to the fact that we were uncertain of the demands the public might make upon us, newspaper publicity was avoided, with the exception of a notice in one or two foreign papers.

The following was the form of the letter sent to the members of the Academy of Medicine, and to various physicians not belonging to the Academy, but for whom we frequently nurse:

The Visiting Nurse Association has for some time felt that its usefulness to the community could be greatly increased by extending its services to those persons able to pay for skilled nursing care, and yet not desirous of having a nurse resident in the home. Arrangements have been made whereby such service on a visit basis can now be obtained through the above association.

The enclosed leaflet gives charges and regulations. In addition to care during minor operations and confinements, we are in a position to provide for night service when necessary. For the present, however, such visits must be arranged for during the day, through the main office of the Visiting Nurse Association.

We earnestly seek your coöperation in making this extended service successful in filling a long felt want, and invite both suggestions and criticism.

A leaflet, in the form of a folder, with the following information, was enclosed with each letter and given to various groups of people:

The Cleveland Visiting Nurse Association will furnish trained nursing service on an hourly basis to anyone desirous of having nursing care in the home, when a part time or visit service is all that is required.

Charges for this service between the hours of 8.00 a. m. and 5.00 p. m. will be seventy-five cents for the first hour, and fifty cents for each additional hour or part thereof. An additional charge will be made for visits between 5.00 p. m. and 8 a. m.

The nurse is responsible for collecting the fees and it is requested that daily payments be made.

Preparations for and services during minor operations and confinements may be arranged for at the rate of \$5.00 per case. Subsequent visits at the regular rate.

For such special service the main office should be called in advance whenever possible. Arrangements may be made by the attending physician or the family.

In the past the Cleveland Association had nursed the employees of industrial organizations, when called upon, free of cost; however, as a result of our new outlook it seemed to us that it was not proper that business corporations should accept such care for their employees from a charitable organization. We therefore prepared the following letter, which is sent out as a continuous circular to business firms, factories, fraternities, etc., at the rate of about thirty copies per month; the names of the organizations to whom the letter is sent are obtained from the Directory and a record is kept of all those who receive it, so that no unbusiness-like duplication occurs.

A number of industrial and business organizations have found it both practical and convenient to avail themselves of the services of the Visiting Nurse Association as stated on the enclosed card. This is oftentimes done whether or not there is an established service department in which a nurse is employed.

The Visiting Nurse Association is very glad to visit and care for sick or absent employees and to make a telephone and written report to you regarding conditions found.

Among the business organizations availing themselves of this opportunity are the Western Union Telegraph Company, the Cleveland Folding Machine and Foundry Company, the American Steel and Wire Company, the Cleveland Provision Company.

If we can be of service to you please call Main 4037 or Central 3602 between the hours of 8.00 a. m. and 5.00 p. m.

During the month of August, 1916, in one district alone a number of different corporations called for our services on behalf of their employees.

Sometimes a business organization was asked to pay for the care of a member of an employee's family whose sickness was keeping the employee himself away from his work. For instance, in the case of a burnt child, the care given by the visiting nurse enabled the father to return to his work in the shop; and a note was sent to the employer saying that, if he considered the release of the employee to be worth it, the cost of the nurse's visits should be paid. The response was a cheque for the



amount and an expression of most grateful appreciation of the work of the Association.

The inauguration of the new service was received cordially by many of those to whom the publicity material was sent, and letters of approval and expressions of willingness to coöperate were received from the Director of Public Safety (who promised to distribute the circulars among members of the Police and Fire Departments); from the General Secretary of the Y. M. C. A.; and from several of the most prominent physicians.

We began services with ten general districts for the city. Each nurse, or group of nurses, was made acquainted with our policies and was urged to do all that she could to develop this work in her own district and frequently to compare her results with results obtained by other nurses in other districts. The stimulus which came to us all from this new understanding of our opportunities is beyond reckoning in figures.

Any and all persons not desiring a resident nurse in the home, or unable to pay for such care, became eligible for our service.

One of our greatest efforts was made along the line of maternity service, at the time of delivery and for the necessary subsequent care. It is especially desirable that maternity cases should be obtained during the prenatal periods, in order that the family may be instructed as to the necessary arrangements: that the mother may be taught how to provide for herself and have all necessities ready and properly sterilized. When the time in which to teach the mother is limited, or conditions are not favorable for the preparation of supplies in the home, they may be purchased from the Association at a nominal cost. We have been able to make charges occasionally for prenatal visits; such charges depend upon circumstances and the intelligent appreciation of the family.

Our first plans did not include night service; but experience soon taught us that you cannot say to an expectant mother that you will care for her during confinement if it happens to be between 8.00 a. m. and 5.00 p. m. on any day except Sunday! Such a promise gives little peace of mind or sense of security. Therefore, night service had to be provided. This was done by arranging with the Cleveland Graduate Nurses' Association, which maintains a Central Registry for Nurses, to take our night calls and to send a nurse who is paid by the Visiting Nurse Association at the regular registry rate, the patient paying the Visiting Nurse Association. The night work has grown to such an extent that it is difficult to answer the calls from the Central Registry and we are now employing our own nurse. It is not yet necessary to use the full time of this nurse, but we have been so fortunate as to find one who has half-day employment and who is glad to undertake our night work, to be paid for each call at the registry rate.

A bag with special equipment is kept for the maternity, operation and emergency cases; this bag is different in shape from our other bags, so that it is always recognized and a nurse cannot take it by mistake. The contents of the emergency bag are as follows:

Light weight bag with: 2 small sterile sheets; 2 packages sterile towels, 3 in each; sterile gown (for the nurse); 1 rubber apron; alcohol; bichloride; lysol; thermometer; scissors; baby tape; forceps; sterile dressings; hand brush; hand towel; green soap; rubber sheeting in which to wrap wet or soiled linen.

No charge is made for laundry or sterilizing. Supplies which cannot again be used, such as dressings, etc., are sold to the patient.

At the end of the three months' experiment the work had been so successful that the Board of the Visiting Nurse Association recommended that it be continued indefinitely. It is of interest to note the increase in the number of calls from private physicians during the trial period. In the first month there were calls from ten different doctors, in the second from seventeen and in the third from twenty-five different physicians. Most of these calls came from doctors who had not, as a rule, called us for free services. This means that we were entering an entirely different type of home than those formerly visited. *The effect of this entry into better homes has been to stimulate the nurses to more careful service.*

The following is a table of the *special* expenses incurred on behalf of the Neighborhood Nursing Service during the thirteen months from April 1, 1915, to May 1, 1916:

Advertising and printing:

Cards .....	\$ 9.50	
Leaflets .....	25.80	
Medical Journal (8 months' advertising) .....	40.00	
Letters and leaflet .....	58.36	
		\$133.66
Nurses' bags (6) .....		36.60
Sheets, dressings .....		24.65
		\$194.91

This amount represents special expense only; the total cost of the service, including nurses' salaries, administrative expenses, etc., was computed by dividing the budget, as previously explained.

During the same period, from April 1, 1915, to May 1, 1916, the following number of visits were made:

Total number of visits .....	2,179	
Total number of hours (estimating \$5.00 day calls at 3 hours, and \$5.00 night calls at 6 hours) .....	2,319	
Total earned (of this sum \$105.58 was paid for night service) .....		\$1,731.43
Average earning per visit .....		.79
Average earning per hour .....		.75

It is interesting to note that *the service money in small fees has been considerably increased by the stimulation of the new service.*



We have also found that, whereas the visiting nurse is obliged to make a good many visits to dispensaries, charitable societies, etc., on behalf of her free patients, the visits made to our pay patients require no reference visits and therefore cost us a lower average per visit than the free cases.

The increase of cases has made it practicable to employ a stenographer in certain nursing centers to take charge of the records; this releases about an hour a day of the time of each nurse, which means the saving of several days per week in the time of the nurses in some districts, dependent upon the number employed.

Almost without exception the patients have paid the fees as promised, and in the year's work, out of the total of \$1,731.43 earned, less than \$40.00 remains uncollected and this will be paid, at least in part, later.

Our patients have included amongst others, ministers, doctors, social workers, librarians, and school teachers. That the service has been appreciated has been expressed to us many times in various ways, and we constantly find that where a new friend is made we have frequent calls to the neighborhood; this has meant that the geographical distribution of our work has extended from one end of the city to the other.

It is needless to say that at the end of the experimental period the Association was convinced that the Neighborhood Nursing Service had proven itself of value not only to the community, but to the Association itself, whose general work received from it a very marked impetus and stimulation. After eighteen months' experience we are in a position to say that a liberally organized Visiting Nurse Association, having directors who are intelligent and anxious to serve their community in the largest sense of the word, makes the best of all possible mediums for the development of any form of collective nursing service.

To round out the Neighborhood Nursing Service,<sup>1</sup> the Graduate Nurses' Association has established a Household Nursing Bureau, from which supervised attendants may be obtained; these attendants vary in ability and experience, and the charges for the service range from \$10 to \$18 per week. The visiting nurse supervises the attendant in the home when it is convenient or helpful to the Bureau.

We feel that our work so far indicates that a great many more of our 650,000 inhabitants will be provided with trained nursing care, when necessary, than ever have been so supplied in the past. The doctors and nurses have met our plan with hearty response and support. Indications at present lead us to believe that this organization and development of a *self-supporting service* will mean to the graduate nurses (a) much more work; (b) work which is organized and directed and for which a well-established organization is responsible; (c) work with regular hours, regular vacation and definite provision for the nurse in time of illness;

<sup>1</sup> Since the writing of this paper the Household Nursing Bureau of the Graduate Nurse Association has been taken over by the Committee on Neighborhood Nursing of the Cleveland Visiting Nurse Association, and is to be operated, for an experimental period at least, under the auspices of the Visiting Nurse Association.

(d) and general stimulation, personally and professionally, which comes from democratic contact with an entire community. We have felt this from the beginning, and our belief is becoming fact, because the Central Registry reports more demands for hourly service than ever before, and we have had to employ two extra nurses a good part of the time to meet our own growth; we should, indeed, have had to employ more were it not for the placing of three stenographers in the districts.

On the whole, the effort to extend visiting nursing in Cleveland has been sufficiently successful to warrant its enthusiastic continuance. This success, however, is due very largely to the hearty coöperation and support which has been met with at every turn from the members of the medical profession, the members of the Graduate Nurses' Association, and, above all, from the individual nurses on the staff—their efforts have been untiring and definite in an attempt to develop adequate nursing care for those who need it.

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## PART II.

(By Isabel W. Lowman)

As a luxury, skilled nursing care for the sick was, of course, the prerogative of a very limited number of persons. Later, when we commenced to consider it one of the most highly valued comforts of modern life, we felt that its benefits must be more widely extended. And now that we are beginning to suspect it of being a prime necessity not only for the individual, but as a means of securing a better standard for human health, we cannot be satisfied until we have devised some plan by which its benefits can be obtainable for all men. Of course this will mean readjustments of many kinds and coöperation with many agencies, as well as a great increase in the number of skilled nurses to meet the need.

When illness enters a family it threatens not only the person in whom it is manifest, but also the other members of the family, together with friends and neighbors, and this is largely the case because the laws which govern its dissemination are unknown to people in general. Each disease has its own peculiar way of reaching out for new victims, and it is precisely because of this fact that sound clinical instruction of the family members must be carried on vigorously when a sick person is cared for at home.

So it is that a good district nurse must give good bedside nursing care and, at the same time, teach the family how to carry on this care during her absence and to use such precautions as are peculiarly necessary for the control of the disease in question. Thus, if she is taking care of a case of pneumonia in the home she lays especial emphasis upon the necessity of a quiet, sunny, well-ventilated room, and the importance of carrying out the doctor's orders as to diet, temperature, baths and medicine; if the patient has typhoid fever, members of the family are taught the precautions necessary for the protection of themselves, as well as the directions for the care of the patient.



It is a very real and very effective mode of instruction, this bedside care of a family member in the midst of a household, and it is productive of benefits to society quite out of proportion to any facts or figures which can be recorded—for the facts and figures deal largely with the person actually ill; whereas we must keep imaginary tables to represent the number of persons who are saved from illness because of the painstaking instruction and supervision of the nurse.

Within the two last decades nursing associations whose directors are lay persons and whose nurses are on a staff and go from home to home, giving care to the sick, have grown in number from dozens to thousands. Some of these associations are supported by private subscriptions, and others are carried by the community; still others are carried jointly by lay subscriptions and municipal taxes. Just at the present time there is a very strong tendency on the part of the individual to pay sometimes in part and sometimes altogether for himself, so that the factors of support of such associations are becoming both varied and indicative of the character of the organization which is doing the work. A good, healthy association dating some twelve or fifteen or twenty years back will have endowments to its credit which are the gift of friends, oftentimes dedicated with a full heart to the memory of a loved one who has died; it will have large yearly contributions from a few members and, from a larger number of people, a scale of annual subscriptions varying in size from a dollar upwards. It perhaps has salaries paid into its treasury for nurses by hospitals, industrial concerns and other enterprises; and in recent times nearly all the large associations do the nursing for the Metropolitan Insurance Company. Fees from individual patients have usually bulked pretty small in the annual accounting of sources of support until very recent times, and even yet are only beginning to respond to the newer tendency. Happily the nurses have looked out upon a wider field and have felt the great need for good bedside nursing in countless homes never before considered because of their inviolable right to privacy. It is difficult to say just what part the Metropolitan Life Insurance Company has played in educating the public health nurse to enter homes where there is need for the best nursing at wholesale prices. I think that its influence in this direction has been very great and that its admirable business methods and its understanding of the very great benefit to be derived from prompt and efficient nursing care, especially in acute illness, has opened up whole new congeries of cause and effect and interesting fact.

A great business organization which undertakes to initiate and set in motion over vast areas a constructive system of nursing which has as its objective the increase of health and longevity on the part of its policy holders will contribute many a new and valuable principle to the work of building up and preserving human health. There has long been a tendency on the part of the public to think that illness usually finds a refuge within the walls of hospitals or in homes where some kind of bedside care can be given. Even a very vivid and highly trained imagination falls

far short of picturing the unnecessary distress and anguish of thousands of persons who languish uncared for and untended during severe illness in places both large and small. Many a city whose population runs from half a million to six or seven hundred thousand people will have, all told perhaps, four or five thousand beds in hospitals and other institutions. Yet we have only to make the roughest estimate of the statistics of illness to know how large a proportion of men, women and children are ill at any given time. How to supplement the care which hospitals are able to give by good bedside care in the home is a matter which must be understood in the terms of the miracle of the loaves and fishes, if understood at all. We have all of us a tendency to set up little worlds with little horizons about them and little skies above them. We have been satisfied with a system of out-patient nursing which has provided continuous graduate nurse care in time of illness for the rich and well-to-do, and "visiting nurse care for the sick poor in their homes." Even the terms of yesterday seem obsolete in the light of a better understanding. What we now realize is that it must be visiting nurse care for tens of thousands of people instead of thousands. People in flats, people in hotels, people in boarding houses, rooms, private houses—thousands of persons who can supplement skilled nursing care with interim care that love tries and often succeeds in rendering skilful.

And, in the meantime, what will happen, what will be the effect of this entrance into this vastly wider field? It will mean that the knowledge of health and the care of the sick will increase in geometric proportion to the patients cared for. For those of us who look abroad and see the fields white for harvest it seems as though where one nurse now works, a hundred must be found to meet the rapidly growing need which the new idea makes manifest.

The entire matter of establishing a wholesale rate for nursing visits is a very delicate one and one which involves so many questions having to do with nursing ethics and practice that the beginning of such an undertaking in any community ought to be painstakingly and thoroughly considered in all their bearings and worked out in closest coöperation with Graduate Nurses' Registries and Alumnæ Associations. In all large cities and in many small ones there are graduate hourly nurses who are not only highly skilled, but very much in demand for a service which is becoming constantly better appreciated. They work as individuals and make their engagements conform with the wishes and plans of their patients. They must ask a fee which will cover their expenses and leave a safe margin of profit.

The visiting nurse who works on a staff, on the contrary, works in a neighborhood and makes her visits according to a routine schedule. This method and concentration of work enables her to make many more daily visits than the nurse who works as an individual and enables her also to have her work reinforced and supplemented, when needful, by other staff nurses.



I have sometimes tried to imagine the immensity of the field of the undone bedside nursing by picturing to myself a last edition of any City Directory, with pin heads protruding from the book's edge, each pin to mark the address of a home where skilled bedside care has been given in case of illness. Only by means of pin maps and other graphic devices can the distribution and trend of a work make itself understood in relation to the community's need as a whole. Only in some such way can graduate nurses grasp the need for a wider distribution of the inestimable benefits of their service. However, according to my belief, any new interpretation of nursing practice and policy must always have the support and endorsement of the Graduate Nurses' Association or they will be cut off from their rightful sources of life. If Mr. Richards M. Bradley, Chairman of the General Committee of the Bureau for Organizing Home Care for the Sick in the United States and Canada, had made no other contribution to the cause of public welfare than to make plain and public his comprehensive and practical plan for some standard form of organized care for households invaded by sickness, he would have a lasting right to the gratitude of all those who are trying to see the public good as one whole and indivisible question.—*The Public Health Nurse Quarterly*.

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## **Sphagnum Moss for Use as a Surgical Dressing; Its Collection, Preparation and Other Details**

*An Illustrated Demonstration*

(By Professor J. B. Porter, McGill University)

Read before the Montreal Medico-Chirurgical Society, November, 1916.

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The September number of the well-known and justly popular London *Graphic* bore in conspicuous capitals on its front cover the question—"Are you collecting Sphagnum Moss?—see page 281," and thus brought before its large circle of Canadian readers what was to the most of them a new word and a novel war activity.

Scholars of Greek, of course, knew what Sphagnum used to mean, and botanists recognized the word as the generic name of the peat mosses, but even these learned people were probably surprised and somewhat incredulous when they read that "the collecting, drying and making into surgical dressings of sphagnum moss has become a national industry in Scotland"—that "the work is being extended all over Ireland, England and Wales," and that the Government through Sir Edward Ward, D.G.V.O., had established central depots all over Great Britain to receive and forward the material to the war hospitals which were "profoundly thankful for a dressing which is better than absorbent cotton."

Although I have introduced my subject by this quotation from the *Graphic* I do not labor under the delusion that that excellent paper is a standard work on Surgery, neither do I lack more weighty authority; I

quote it simply because no previous publication had stated the case in so striking a way or to so large an audience. As a matter of fact, sphagnum dressings made their appearance in the British press at least two years ago and since then have been much written about, but here in Canada at least, very few people seem to have heard of them and the majority of our medical men have been too intent on other matters to pay much attention to the occasional sphagnum articles in the *British Medical Journal*, *The Lancet* and other similar publications.

In spite of our incredulity or indifference the *Graphic* statement is apparently within the truth, and what is more to the point, not only are voluntary aid workers by the thousand collecting, and preparing, sphagnum, but after due experiment the War Office has formally approved of the dressings; the Red Cross has followed suit, and last, but not least so far as we are concerned, the Canadian Red Cross Commissioner in London has requisitioned a monthly supply of some thousands of dressings of Canadian sphagnum for the Canadian hospitals in the Shorncliffe and London areas.

Sphagnum is the basic plant of the peat which for many years I have been studying in connection with a research for the Canadian Government on the fuel resources of Canada. Thus, when certain of my friends, including the late Sir Lauder Brunton, wrote last winter of the attempt that was being made to introduce sphagnum for surgical dressing purposes, it occurred to me that here was a chance for one who was too old to fight still to be of some use, and therefore I obtained through my correspondents specimens of "surgical" moss, and after learning all I could about the matter I set to work to search the different bogs of this country for suitable material. Even in the spring of 1916 the use of moss in the hospitals was still in the experimental stage and I had great difficulty in getting my specimens passed upon by the authorities. Ultimately, however, they reported on the samples, accepting some lots and rejecting others, and thus I found that in certain parts of Canada we had excellent surgical sphagnum. I then collected a few hundred bushels of the best moss available and persuaded the local Red Cross organization in Guysborough—the town nearest my country home in Nova Scotia, to prepare a large number of dressings to War Office specification, and a lot of these dressings was sent over to be tested in actual service.\*

The work above outlined was of course private, and altogether unofficial, but after proceeding thus far we turned the matter over to the Quebec Provincial Red Cross and they, with the help of certain affiliated organizations, are now making the dressings and arranging to send forward a regular monthly supply to the Canadian hospitals in England.

Sphagnum is the Greek word for moss, but at present is restricted by botanists to a single genus of about forty species and varieties, all of which are found in sub-Arctic and cold temperate zones. They are at their best in Newfoundland, Labrador and other northern districts, but

\* At the time of Dr. Porter's address no report had been received regarding this sample lot of dressings, but since then formal notification has been received that "they are of exceptionally good quality and of very high absorbency."



they also grow freely in central and eastern Canada and other similar districts on the European continent. The decayed or semi-decayed sphagnum accumulated in the bottom of bogs is the fundamental material of peat, and the living plants themselves are largely used in Europe, and particularly in Germany, for cattle bedding, packing material, and various industrial purposes.

The softer and finer qualities of sphagnum have been used since time immemorial in what might be called home-made surgery, and moss dressings are said to have been employed to a limited extent in the Napoleonic and Franco-Prussian wars; but since then little has been heard of them until after the present war began. We now know, however, that the German army medical people were using them before the war and that they are using them in large quantities at the present time.

The British use of sphagnum in army surgical work proper has, I believe, developed altogether within the last eighteen months. Dressings made by Cathcart in Edinburgh were apparently the first to be used, but I have no exact information as to dates and quantities. Dressings were apparently first furnished to the War Office last autumn, but even up to the middle of April of this year the supplies were relatively small. The Irish St. John's Ambulance Association, under the presidency of the Countess of Waterford, followed the Edinburgh society closely and created a sphagnum department in October or November, but this organization was only producing 5,000 dressings in April, whereas now it is supplying about 35,000 per month. Similar societies have grown up in England and Wales, and the total output of dressings had reached a very large figure even before the War Office and the Red Cross formally adopted them in the latter part of the summer. To show how rapidly the demand has grown I might refer to an article by Sir Alexander Ogston in the *National Review* for August. He estimates the probable number of casualties for the coming year, discusses the vast quantity of surgical supplies which will be required by the several belligerent nations, and concludes that within the next twelve months at least fifty million dressings should be prepared for the use of the various war hospitals. He makes it clear that he considers sphagnum superior to any other available absorbent dressing. Whether his huge estimate is right or wrong it is clear that the demand will be so enormous that Canada with its large sphagnum resources, and its supply of willing Red Cross workers, should lose no time in getting to work.

Only two or three of our numerous species of sphagnum have proved suitable for surgical use, and of these, one—*S. papillosum*, found thus far only in the Maritime Provinces, is far superior to all others. Some specimens of this plant show an astonishing absorbency and dressings made of the best dry moss will absorb twenty to twenty-two times their own weight in water before they begin to drip. Average moss will go as high as twelve at least, whereas absorbent cotton does not go above half even of this last figure. Another advantage of sphagnum is that it holds the absorbed liquid far better than cotton and does not get foul nearly

so quickly, these valuable qualities being, no doubt, due to the fact that in sphagnum the liquid is taken into large cells with elastic walls, instead of being held by capillarity between the fibres as in cotton. These exceptional absorbent powers are as true of pus and other liquid discharges as of water, and hospitals using moss find that their dressings do not require renewal nearly as frequently as ordinary gauze cotton. Further, the moss dressings are much lighter and less heating, and a great many observers call attention to these features as conducing greatly to the comfort of patients.

"I feel assured that sphagnum is the dressing for the Carrel Tube system. It is so light and absorbent."

—(Extract from a letter from Colonel Caird, Professor of Clinical Surgery in Edinburgh, now on duty in France.)

"Sphagnum dressings require only a thin layer of gauze over the wound, or not even that if gauze is scarce, as the gauze bag which contains the moss is practically sufficient. For all freely discharging wounds sphagnum dressings are much superior to cotton; for wounds with slight discharges either would serve the purpose."

—(Extract from a letter from the chief surgeon of a large British war hospital.)

"Even the best prepared cotton, although in a sense very absorbent, lacks the power to retain discharges which is possessed by sphagnum moss. Thus whereas a pad of absorbent cotton allows these sanious discharges to penetrate and pass beyond to the bed clothes through a very limited portion of the dressing, or causes them, when thick, and purulent, to lie between its clogged surface and the wound, a pad of sphagnum absorbs and holds up the discharges until it becomes fully saturated.

"In civil hospitals in times of peace the deficiencies of cotton are not so much noticed. The majority of the wounds are those made by the surgeons themselves under ideal conditions and thanks to antiseptic surgery these wounds have only a slight discharge, if any at all. Hence the fallacy of supposing that a dressing which meets requirements in a time of peace must be equally useful under all circumstances, including those of war."

—(Extract from a paper by C. W. Cathcart, senior surgeon Edinburgh Infirmary, June 16th, 1916.)

The writer has been informed recently by one of the nurses at the Eastbourne Naval Hospital that sphagnum dressings were found very satisfactory, and were greatly preferred by the patients as they were less heating than cotton and therefore far more comfortable. They were also found particularly useful in cases of bad burns. The same informant said that splint pads made of second quality sphagnum were greatly preferred to cotton for fractures, as they retained their elasticity and were cool and very light.

Owing to the great variations in usefulness of different kinds of sphagnum, the material has to be collected by people who have been trained to know the good from the bad, and as the different species of sphagnum grow very much intermixed the collector will often have difficulty at first in deciding just what to take and what to leave. The method of collection is to wade out into the bog, grasp and pull up the upper



layers of the moss by the handful, wring them out, put them in sacks and take them to the edge of the bog whence they are carted to some suitable place where they can be spread out to dry and have the rubbish picked out. The rough dried moss is then shipped to Red Cross work rooms where it is very carefully picked over and classified into three or more qualities. All the best stuff is put into muslin cases for dressings, the intermediate is made up into pillows, splint pads, dysentery pads, etc., the worst discarded. One has to be extremely careful about the first collecting, as the picking over of poor moss requires an enormous amount of labor and time, and produces very little material in the end. Throughout the work all possible precautions are taken to keep the moss clean and free from infection, but the general opinion seems to be not to attempt to sterilize the dressings here, but to leave that business to the hospitals. In the earlier months of the work, Dr. Cathcart sterilized a considerable number of his dressings, about a fifth of his material, and the Irish Bureau about a tenth, the rest going forward unsterilized. Now I am informed that all of the British hospitals at least do their own sterilizing, which is far more satisfactory.

In closing I may say that although this surgical use of sphagnum is extremely new, except in Germany, and is still to a certain extent experimental, yet already there are thousands of volunteer workers engaged on the preparation of dressings in Great Britain, and the two or three score of Canadians now interested can easily be multiplied by a hundred, if necessary, in the spring. There is no doubt that the material is greatly needed, and it is popularly understood that the supplies in Great Britain are insufficient to meet the demand. Official information as to this latter point is, however, being sought, and if the reply is such as we anticipate it is hoped that Canadians, particularly in the Maritime Provinces, will interest themselves heartily in the work.

The literature of sphagnum is far from voluminous if we except the popular, but irresponsible statements which have appeared in the Scotch and English newspapers during the last year. Certain of the technical articles are, however, definite and satisfactory.

1. The first mention of sphagnum in connection with modern surgery seems to have been made in 1882 when Neuber and others published a series of articles in German beginning with an important paper in *Arch. für Klin. Chir.* Bd. 27, S. 757. These articles interested a number of British surgeons, but so far as I can learn were not re-published or even abstracted in English until after the war began when Professors Balfour and Cathcart published a translation with comments and recommendations:

2. "Bog Moss for Surgical Dressings," *The Scotsman*, November 17th, 1914.

3. The Neuber article was again reviewed in an excellent paper by Cathcart: "Cheap Absorbent Dressings for the Wounded," *British Medical Journal*, July 24th, 1915, pp. 137-8-9.

4. The question of the sterilization of sphagnum dressings is taken up by Cathcart in "Methods of Preparing Sphagnum Moss as a Surgical Dressing," *The Lancet*, April 15th, 1916, p. 820.

5. The general sphagnum situation is discussed at length in an important article by Sir Alexander Ogston: "Our Wounded—Sphagnum Moss as a Dressing," *National Review*, August, 1916.

There are numerous other references to the subject in the medical press, but so far as I know, none of them are of any considerable technical importance. The following may, however, be mentioned:

6. *The Lancet*, October 16th, 1915, p. 898.
7. *The Lancet*, December 11th, 1915, p. 1316.
8. *British Medical Journal*, December 25th, 1915, p. 942.
9. *The Scotsman*, June 16th, 1916.
10. *British Medical Journal*, August 12th, 1916.

#### SUPPLEMENTARY NOTE BY THE AUTHOR

Since the above address was given the situation has developed considerably. Favorable reports on sphagnum dressings have been made by the commanding officers of several Canadian war hospitals, and definite requisitions for very large quantities of dressings have been received from the Director of Medical Services Canadian, in England, and from No. 3 Hospital in Boulogne, etc. On the other hand we are officially informed that the facilities for producing dressings in Great Britain and Ireland have so increased that Canadian supplies are not immediately required, although they probably will be greatly needed when the spring campaign begins. Finally, the present submarine situation is such that there is some question as to whether it will be advisable further to burden our already overtaxed shipping with relatively bulky consignments of dressings.

The central executive of the Canadian Red Cross is dealing with the situation in a very practical way. A special Sphagnum Committee has been appointed to look into the whole matter. Standard specifications for collecting and preparing moss are being drawn up, an inspection department is being organized and the Provincial Red Cross Societies in Eastern Canada and particularly in Nova Scotia, are much interested and will, undoubtedly, take full charge of the work of making dressings. By the time the snow melts and our bogs again become accessible, arrangements will have been completed for the production of whatever quantity of dressings may be required, and in this connection it must be realized that even if transportation difficulties render it inadvisable to send large supplies overseas, the work now being done will not be wasted, as sphagnum dressings have proved to be so useful and so much cheaper than gauze and cotton that a considerable demand will unquestionably grow up in our own hospitals.



In conclusion, it should be stated that while the Canadian Red Cross is thus undertaking serious and probably extensive work on this new material, it considers it very inadvisable for untrained persons to make up dressings. Experience in Great Britain has shown that only certain grades of moss are useful and dressings made to any but the strictest specifications are likely to be worse than useless. It is desirable that all accessible bogs in Canada should be searched for suitable moss, and specimens sent to the Secretary of the Sphagnum Committee at McGill University will be examined and reported on without delay, but no attempt should be made to collect moss in quantity, still less to make dressings, except with the approval and subject to the inspection of the Provincial Red Cross authorities.

—*Canadian Medical Association Journal.*

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## The Ability of Mothers to Nurse their Infants

(By Alan Brown, M. B.)

*Attending Physician, Infants' Department, Hospital for Sick Children and the Infants' Ward, Toronto General Hospital. Director Department of Child Hygiene, City of Toronto.*

The present study was undertaken for three reasons. First, the remark made by one of my obstetrical colleagues, that very few of the young women of to-day can nurse, compared with the ability of women twenty or thirty years ago; second, to bring before the practicing physician the importance of maternal nursing and how negligent we all are on the insistence of this most vital natural function; thirdly, to endeavour to show the layman the true status of affairs regarding the nursing problem and in this way endeavour to obtain coöperation with their physician in order to prolong the lactation period.

According to Eross, the average mortality, based on figures from thirteen European countries, during the first year of life is 18.33 per cent. The United States census reports give a similar figure. There is, however, as might be expected, considerable variation in different parts of the world. In Ireland it is but 9.4 per cent. and in Sweden 9.7 per cent.; in Saxony on the other hand, 28.1 per cent., and in Bavaria 28.7 per cent.; in Russia, according to Gundobin, it is still higher, 32.6 per cent. Budin reports a mortality in the first year for France from 1896 to 1900 of 20.2 per cent.

Every practising physician knows that the greatest number of deaths during the first year is caused by digestive trouble, that this is true is borne out by statistics obtained from all children's clinics throughout the world. In the mortality of Massachusetts from 1892 to 1896 according to Abbott diarrhoeal disorders were responsible for 29.49 per cent. of the deaths in the first year of life. Budin found that 38.5 per cent. of the

deaths in the first year in the civic population of France were due to gastro-enteritis. Two years ago it was estimated by the author that in six leading cities in the Dominion, 44.4 per cent. of the infant deaths was caused by digestive troubles, the highest percentage of 57.6 per cent. being in Ottawa.

This brings us naturally to the next point to be considered, the influence of the diet, since it is particularly among the artificially-fed infants that gastro-enteric affections prevail. We have reason to expect then that the mortality will be found much greater in the artificially fed. That this is the case is well recognized, but a few figures may serve to illustrate to what degree it is true. In the cases reported by Luling, 14.24 per cent. of the breast-fed infants died and 31.42 per cent. to 50.24 per cent. of the bottle-fed; and in the 10,000 infants in the first year studied by Westgaard of those that were breast-fed 17 per cent. died from gastro-intestinal disease, and of the bottle-fed 43 per cent. Of 1,000 infants studied by Armstrong in England but 8.4 per cent. of the breast-fed died as against 22.8 per cent. of the bottle-fed. Finally W. H. Davies addressed letters of inquiry to a large number of women giving birth to children in 1910 in Boston. The 736 replies showed that only 26 per cent. of the deaths between two weeks and one year of age had occurred in breast-fed babies. Roughly speaking, we may say that the breast-fed baby has at least five times the chance of living that the bottle-fed baby possesses. We may then assume it proved beyond question that the absence of breast feeding is perhaps the chief cause of infant mortality in the first year, as indeed of many deaths occurring in the second year. We may even go further than this and claim that the results of bottle feeding are often much more lasting than this period. Thus Rose studied 164,000 persons with relation to the later influence of the diet which had been given in the first year of life, and found that in many respects the deleterious effects of bottle feeding were often quite discoverable in these individuals, and that even in men capable of military service in the difference, to the disadvantage of the bottle-fed baby, was very apparent. This observation is by no means an isolated one, similar conditions having been noted by other writers.

With the full understanding of these facts, the importance of the next three topics to which reference must be made is pressed home on us: (1) How many mothers nurse their children? (2) How many are capable of nursing? (3) What is the cause of failure of women to nurse their infants?

The condition varies considerably with the country. In Japan, breast feeding is the rule. In Greenland, artificial feeding is scarcely known, and among the Esquimaux of Alaska there is no cow's milk to be had and infants are often nursed for from two to three years. In some of the races of Africa, the mother is often helped, if need be, by any of the women of the village, previous parturition, recent or otherwise, not being a necessity, the secretion of milk being gradually established in virgins or in grandmothers by the repeated putting of the child to the breast.



The importance of nursing by the mother is one long recognized by writers. An interesting contribution by Schlossmann quotes the urgent advice given in favour of it by the philosopher, Favorinus, who lived in the time of Trajan. Unfortunately, however, in many of the so-called civilized countries, maternal nursing has undoubtedly decreased greatly in frequency since then. In parts of Bavaria, according to Grassl, hardly 30 per cent. of the mothers give the children the breast. In Berlin, as stated by Neumann, 55.2 per cent. of the infants were nursed in 1885 and only 31.4 per cent. in 1890, showing the great falling off which had occurred in maternal nursing.

Is this failure of breast feeding an actual inability or only an apparent one? Is there in reality a diminishing power of women to nurse their infants? As a result of studies in the obstetrical clinic of Graz, Negris found there existed in only 10 per cent. a physical disability to nurse. In the Stuttgart Clinic according to Martin nearly 100 per cent. do nurse. In Heidelberg, Jaschke observed that whereas in 1904, 64.01 per cent. of the infants were breast-fed, in 1907 86.14 per cent. and in some months 97.22 per cent., showing a very decided increase in the ability. Madam Dluski estimated that of 500 women observed in Pinard's Clinic in Paris there were but five in whom it was certain that nursing could have been improved either from the beginning of lactation, or after an interval of continuous effort; and Blackner as a result of studies on 1,000 children in London could only find 2.5 per cent. in whom there was a physical inability to nurse.

With regard to the frequency of breast feeding, whether there is an actual diminution or an apparent one only, some of the figures which have been given are to a certain degree open to criticism. In the first place, many of the statistics are derived from Lying-in institutions, for patients of the poorer class only, among whom the conditions of life are very different from those which are obtained from among the well-to-do. In the second place, such statistics apply only to the first few weeks of the nursing period, during which the women are under close observation and careful diet and treatment, and we have no means of knowing how many of these women are able to continue nursing, say, for six months or more, or do so, even if able, after they return to their homes. The important matter to determine is whether there is a diminution in the actual ability of women to continue nursing or whether the cessation of nursing is a preventable condition. Exact figures bearing on this are not very numerous and there are none published in Canadian literature.

In every locality where propaganda for reform has been instituted there has been an encouraging increase in the number of nursing mothers. Deneke and Thorn, through the aid of midwives, studied the later history of 32,447 infants born in the Magdeburg district in 1907 outside of maternity institutions. It was found that 83.7 per cent. of these were nursed for at least a time and that in 61 per cent. nursing was continued for longer than two or three months. They conclude from their studies that the great majority of mothers are physically capable of nursing

their children. Hegar is of the opinion that under careful management 60 per cent. of mothers outside of maternities are able to nurse their children. Kriege and Seutermann in private practice found that 77.9 per cent. nursed from five to six months. Koplik in 1,000 cases in private practice in New York found less favourable conditions, only 40 per cent. were nursed for longer than four months. Marfan, on the other hand, estimated as in his own private practice that two-thirds of the women of Paris can nurse satisfactorily and in the other third there is generally a partial power to do so; only about 10 per cent. are actually unable to do so.

The question then of the falling off of maternal nursing feeding can be determined only partially on account of the variation in published statistics; undoubtedly many more women cannot nurse than should be the case among supposedly normal individuals. It is certain, on the other hand, many women who do not nurse are capable of doing so under proper care.

Schwartz of New York demonstrated the importance of supervision of breast-fed infants in 1912. The results of 1,500 cases may be seen from Table 3, where through education and proper social regulations of some 1,500 women he was able to keep 63 per cent. of the babies nursing for a period of nine months. He further observed that many multipara were able to nurse their infants successfully when previously they were unable to do so.

The results of my own observations, extending over a period of two years upon this subject, are summed up in Tables 1 and 2. The cases being divided into three groups: A, Students and nurses, representative of conditions twenty to thirty years ago; B, Private patients representing middle and upper classes, and C, Clinic cases representing the poor of our city. In all, observations were carried out on some 2,079 cases. In Group A the information was obtained through a questionnaire sent to 500 students and nurses requesting them to ascertain whether they were breast-fed or not and if so how long. Accurate and reliable information was obtained from 137. In Group B the information was obtained and recorded in my routine private practice and in Group C the information was obtained from the records of the various prophylactic infant clinics scattered throughout the city. From these figures it will be seen that there was approximately 10 per cent. less artificial feeding twenty years ago, that fully 10 per cent. more mothers nursed their infants for three months twenty years ago and that 50 per cent. more nursed them nine months. Another striking feature is the fact that most of the weaning takes place within the first three months, which is the period during which the most supervision is essential. Of 250 cases that were weaned in private practice 32 per cent. were weaned purely on account of vomiting or green stools or in other words, excessive feeding. Another interesting feature of these figures is the superiority of the clinic class of mothers over those of the well-to-do.



The effect of intelligent instruction upon the influence of maternal nursing may be noted in Table 2, where it will be seen that in the first four clinics, which were the first established, the percentage of nursing mothers is higher than in the more recently established clinics in the newer sections of the city.

Table 3 compares the percentage of nursing mothers among clinic cases with American, foreign and Canadian mothers, and this to my mind is one of the most instructive, for herein should lie our efforts to overcome such a deplorable condition. To my mind there is no excuse and the onus lies first with the physician and nurses, and secondly with the women themselves to see that such conditions be remedied for the good of our future citizens.

Some of the statistics of maternities quoted are at best a clear indication of the general change which it is to be hoped is taking place. The clearly increasing number of women in some of these institutions who now nurse their children, as compared with the conditions a few years earlier, indicates that a similar increase of frequency of nursing is to be looked for in patients outside of the institutions. Certain it is among the more intelligent classes and even among the poorer under the influence of the awakened conscience of physicians and the instruction which mothers receive from the various sources, there is a growing earnest desire of women to nurse their children, and it would seem an increasing frequency of maternal nursing.

This brings us to our last question. What is the cause of the diminution of breast feeding which has shown itself in many regions? Beeng believes that there is an increasing actual physical disability of the mothers to carry on maternal feeding, which he attributes largely to the continual use of alcohol by civilized races. Whatever the cause, there is good reason to believe that there is a physical disability to a certain extent and that this disability may be transmitted by inheritance. Most investigators however, think that the cause of failure to nurse is to be sought rather in the unwillingness of the mother instigated or abetted often by the advice of nurses and physicians. Hegar expresses this clearly in attributing the inability to nurse to the influence of generations of undervaluing of maternal feeding. The introduction of the numerous methods of artificial feeding led easily to the conviction that nursing at the breast was unnecessary and an onerous affair. Ziegenspeck points out that in Germany, where the preparation of artificial foods and food mixtures has long thriven, dating, as we know, at least from the time of Melhinger, maternal nursing has suffered proportionately.

Among the working classes, undoubtedly poverty is a frequent cause of the desire to avoid nursing. It is often imperative for the mother to work, and she cannot well do this and attend to the infant also. In other cases lack of suitable nourishment for the mother causes a failure in the secretion of milk. The remedies for these difficulties are to be found only in sociologic aid. In other cases it is the complete ignorance of the mothers regarding the importance of breast feeding which leads to gross

indifference in the mother and this applies to all classes of society. Only constant instruction of the people can remedy this. The splendid work of the Consultations de Nourissons founded in Paris and the similar prophylactic baby clinics scattered throughout this city and the many cities throughout the States has by this instruction increased maternal nursing and generally emphasized the importance of the hygiene and feeding of the infant. In the upper classes there is undoubtedly often seen an inability to nurse dependent on the more highly organized and hence more easily disturbed nervous organization of the mother. Here, too, is the influence of early mental forcing, early enjoyment of social life, with late hours and the like. Faulty methods of dressing have doubtless in the past been the cause of many hopelessly depressed nipples.

The numerous stated contra-indications to nursing are more fancied than real; actual contra-indications are few, and physicians should learn to appreciate this fact. Here, especially, the obstetrician who is thoroughly grounded in the importance of breast feeding can be of the greatest assistance since he is so early associated with the mother and can exert a great influence over her. Certainly many obstetricians in the past have paid all needed attention to the mother, but far too little to the infants. This is a reproach often made, but one which I hope is passing away. There can be no good substitute for mother's milk and this the obstetrician should impress on the mother with all his power.

Finally in this connection, it must never be forgotten that inability to nurse or inability on the part of the infant to digest its mother's milk can never be determined by a brief trial. It is only after a prolonged and repeated and again repeated efforts that we can reasonably conclude that weaning is necessary. Here the fault lies with the physician, since they are, as a rule, far too ready to abandon their efforts. The mother is perhaps clamorous for weaning, and it is easy to move in the path of least resistance. Many a time the breast which at first give insufficient milk, will later render an abundant supply, and the infant's digestion, at first much disturbed, will accustom itself perfectly after a while.

In conclusion I think it may be claimed:

1. That Canadian mothers nurse their infants less than do either American or foreign born women.
2. That the well-to-do of this city and environs nurse their infants less than do those of the poorer classes.
3. That maternal nursing is less to-day than it was twenty or thirty years ago in Canada, but in view of recent enlightenment is certainly on the increase.
4. That the infrequency of nursing depends chiefly on the ignorance of the laity and the indifference of the physician. It is our duty as physicians to remedy these evils.

In conclusion I wish to express my indebtedness to Dr. K. C. McKilwraith for suggesting the subject, and to Doctors Smith, Mitchell, McBroom, Ogden, Morrison, Hume, Davis, Bond, Fotheringham and



Tisdale for assistance in collecting the figures from their respective infant clinics, and last but not least to the public health nurses of this city through whose efforts this study has been made possible.

TABLE I.

	Number of cases	Per cent. Artificially fed from birth *	Per cent. Nursing up to 3 Months †	Per cent. Nursing up to 6 Months ‡	Per cent. Nursing up to 9 Months §	Per cent. Nursing over 9 Months
Students and nurses .....	137	12.4	87.6	84.7	76.6	29.9
Private patients .....	633	24.0	76.3	46.7	30.4	9.8
Clinic cases .....	946	16.53	79.65	60.51	31.88	....

\* Approximately 10 per cent. less artificial feeding twenty years ago.

† Approximately 10 per cent. more nursing twenty years ago.

‡ Approximately 30 per cent. more nursing twenty years ago.

§ Approximately 50 per cent. more nursing twenty years ago.

Present day nursing figures in comparison with those of over twenty years ago. Of 250 cases weaned in private practice, 32 per cent. were weaned on account of dyspeptic symptoms and the remainder did not have enough.

TABLE II.  
Nursing Statistics From the Various Districts in Toronto

	No. of cases	Per cent. Nursing 1 to 3 mos.	Per cent. Nursing 3 to 6 mos.	Per cent. Nursing 6 to 9 mos.	Artificially fed from birth
1. Down Town .....	175	93.7	65.7	48.0	6.2
2. Central Toronto .....	41	90.2	75.6	39.0	9.7
3. West Toronto .....	171	81.2	67.1	52.6	18.7
4. East Toronto .....	45	93.3	53.3	43.3	6.6
5. West Central .....	178	74.4	54.5	41.5	25.5
6. North Toronto .....	136	76.4	50.7	38.9	16.1
7. North West .....	45	75.5	55.5	33.3	24.4
8. Central Toronto .....	16	75.0	75.0	18.7	25.0
9. West Central .....	114	86.8	51.7	17.5	13.1
10. North Toronto .....	25	80.0	36.0	16.0	20.0

TABLE III.

Comparison of Breast Feeding Results in American-Born, Foreign-Born and Canadian-Born Women

Breast Feeding	American Mothers Percentage	Foreign Mothers Percentage	Canadian Mothers Percentage
One to three months.....	83	88.1	79.6°
Three to six months.....	63	77	60.5
Six to nine months.....	63	70.3	31.8

## End Results of the Various Disabilities of the Returned Soldier

BY CAPTAIN E. HOBART REED

*Medical Officer Ogden Military Convalescent Hospital, Calgary, Alberta*

(Read at the meeting of the Alberta Medical Association, Sept. 21, 1916)

In dealing with this subject we may place such disabilities into two general groups, i.e.: 1. MEDICAL, and 2. SURGICAL; and as a subdivision of the first, the *Mental*.

In the first group, the profession has been called upon to deal with a condition of which before the advent of the "Kultur of William" we have had a very meagre and superficial experience. I refer to those men who have been "gassed" and more especially to those who, in the early days of the war, fell victims to the chlorine gas. I perhaps should not say it was definitely chlorine, but in any event the physical properties of this noxious vapor very closely resembled those of chlorine. As to the acute stage of the poisoning, I can only give you the experience of some of those who survived. The prognosis depended very definitely upon the amount of gas inhaled, and on its composition. The period of suffocation and prostration are practically synonymous, in some cases the gas is taken into the stomach as well as the lungs and necrosis of the mucous membrane with the attendant lack of secretion in the severe types, and the hypersecretion in the milder cases, soon follows. The treatment is chiefly symptomatic and supporting and the patients are sent to the convalescent homes as soon as their condition will permit. It is here that the opportunity for observing the after-effects is available. More or less discussion has been raised from time to time as to the proper locality for these patients to put in their period of convalescence. My personal opinion last January was that these men would do better at sea-level; several men were transferred to the Naval Hospital at Esquimalt, British Columbia. Some of these seemed to do well, while others were not benefited by the change. The most marked improvement occurred in those cases where "Shock" was a prominent feature. When these men first arrived at Ogden, it was noted that practically all were suffering from aphasia to some degree, and as one man expressed it, "I can only get out a word now and then but I have the answer ready as soon as you finish the question." Cyanosis and dyspnoea were always present when under excitement and exhaustion followed the slightest exertion; clinically very little could be made out; there are always numerous rhonchi present with no impairment of resonance. Skiographic examinations revealed only slightly thickened pleura and prominent bronchial glands most noticeable in the mediastinum. One sequela of this condition, noticeable by its absence, is tuberculosis; in none of these cases have I been able to find any sign of this infection. These patients, as their condition



improves, increase in weight, but their strength does not begin to return in the same ratio. Outside the shortness of breath on slight exertion in the neurotic phase seems the most persistent. Some of the men have been under observation for over nine months and while improvement has taken place, I know of none, up to the present time, who are fit to be taken on again for overseas service. The periods of dyspnoea and cyanosis have lessened and a slow general change for the better is evident in all, but it is impossible to say at this time what the final degree of recovery will be. A great deal of work will be done and is being done, but I think the best results have been obtained by the general use of respirators and masks, which emphasizes the old saying that "an ounce of prevention is worth a pound of cure."

With reference to pulmonary tuberculosis, very few men were returned during the early part of the war suffering from the disease. During the last eight weeks this form of disease has constituted nearly 50 per cent. of disabling conditions which have been sent into Military District No. 13. There may be two ways of accounting for this; in the first instance it is very probable that many men, when enlisted, may have been suffering from this malady in the incipient form. Far be it from me to cast any reflection upon the medical officer who may have passed these men as fit, for the physical examination of the recruits, while it is as thorough as possible to make in the time at one's disposal, obviously does not include an examination of either the urine or sputum. Even were either of these accessible, it is a very easy matter to overlook these items when the physical signs do not arouse suspicion. Again, the large majority of men, while in training and under canvas, show a marked improvement in their general health, and it is not until they are at the front and have been through one or two winter campaigns in the trenches that their powers of resistance are taxed to the utmost and the trouble makes itself manifest. Pneumonia and pleurisy are easily contracted, and with the lowered resistance brought on by privation and exposure, we may look for a large number of these cases before the end of the war.

In dealing with the *Mental* condition we may again divide this subdivision into two classes; there are those that are classified as "shell shocked" and this term covers a very wide field; then again there are the insane. I am of the opinion that many of the insane would have stopped at the stage of "shell shock" were it not for the determination of the men to "carry on" until they fall victims of complete nerve-exhaustion or actually reach the stage of insanity. In the "shell-shock" cases, loss of memory is a prominent feature which, however, shows satisfactory improvement under favorable conditions. The same may be said of the insane, only in this instance the period of convalescence is longer; such recoveries as have occurred in these shock cases are recent, but it is very doubtful if any of the patients in the two classes just mentioned would be considered fit to be taken on again for overseas service.

The *Rheumatic* conditions generally make their presence known after a few weeks in the training camps, in this instance I refer to both types, feigned and real. The percentage of returned men thus far suffering from rheumatism has been comparatively small.

The *Surgical* conditions constitute the major portion of the disabilities of the returned soldiers. The character of these wounds has been changed from time to time, as is noted, for example, by comparing the number of shrapnel and gunshot wounds of the skull six months ago, and at present. This again is in all probability due to the wearing of metal helmets by the men in the first lines of trenches. These cases do well, and it is to the credit to those who first handle these men in the dressing stations and clearing hospitals that the primary infection is not fatal. Too much praise cannot be given to them when one stops to consider the many difficulties under which they are carrying on their work. Practically all the wounds are healed when the man arrives in Canada and practically all are infected when they fall into the hands of the medical officer in the field.

The explosive and reversed bullet were very popular with the German until he began to receive them.

It is the wounds of the face and extremities that offer the largest fields for reconstructive surgery. I shall not attempt to enumerate the many original and skilful bits of repair work that have been done, especially by the French, but will deal chiefly with the deformities as they exist and the means that are being used to combat them. This brings us to the system of Remedial Exercises which is being carried out in all the hospitals, both in Europe and in Canada. One of the most useful pieces of apparatus is what is known as the *wall rack*, which consists of a wooden frame divided into three sections firmly bolted to the wall, which will accommodate three men; the men are placed in this frame where contracted and atrophied muscles can be stretched and developed. The exercises can be made as light or as strenuous as the case requires. Not a few men have been returned to active service, while others have been taken into what is known as the special service battalion, where they can do clerical or other light work, thereby releasing men who are fit to go to the front. The results, as a whole, have been encouraging and much more may be looked for from this system in the future. About six months ago it was known that Germany was returning from 85 to 92 per cent. of her wounded to service, while the English and Canadians were returning from 15 to 18 per cent. This led to the adoption of a gradual system of physical training of the returned men, whereby a large number of what were before useless men from the physical standpoint are now able to "carry on." From the present indications, it would appear that outside of the men who are minus an arm or leg, the largest percentage of casualties who will be able to re-enlist will be those who have suffered from surgical conditions as compared to the gassed patients.



In the treatment of wounds, medical gymnastics is very useful:

1. In preventing the formation of the scar interfering with the function of the limb, as well as in avoiding the stiffness in the joints of the wounded member.

2. In maintaining the muscular system of the region.

3. In preventing the fixation of a nerve in the scar. In case this has been freed by surgical intervention it is necessary that medical gymnastics be applied with the shortest possible delay.

Motor re-education, that is to say, the re-education of the muscles and of the segments to their normal action, medical gymnastics adopts itself perfectly to the needs and to the capacity of the individual. Day by day, it can be modified and adapted to all phases of re-education. The moral and physical influences springing from the suggestion created by the movement are themselves a great influence in these cases. Medical gymnastics can, in effect, frequently restore to the patient, confidence in himself and his forces.

We now come to the subject of *Vocational Training* and we at once realize that the future of the wounded depends upon the direction of the activities of the man towards some particular trade. Too great care cannot be taken in this regard and one cannot be guided alone by the man's previous experience, but by his physical and mental capacities. His general psychic condition will determine the diminution of his former personal value which is the result, often unsuspected, of the wound. Very exact information of this initial condition of the invalided soldier, and his probable degree of improvement, is due alike to him and his employer.

As a general rule it will be the purpose of the Vocational Department of the Military Hospitals Commission to extend the man's knowledge of his trade to a higher state of preparation, adding to his practical knowledge enough of the theoretical to make him more valuable in his particular line of endeavor; others again must be taught a trade where before they were unskilled laborers.

The problem confronting the Survey Board who pass upon the condition for re-education is a heavy one and the responsibility is great, for not only do they find it difficult to persuade the prospective student to take up the line of work they find him best fitted to perform, but too often we are confronted with the inclination of the man to cast aside all opportunities for re-education to accept some "job" with no assurance of its being permanent when all it has to recommend it is the fact "pays good money."

Our problem of mobilization has been a large one in this great and devastating war—and it is not yet finished—and yet before the end is even in sight we are confronted with even a greater one, that of demobilization. The vastness of the latter is only just beginning to dawn upon us, but when we realize as did Dr. Mewburn when he said in one of his letters: "We will win this war—but our sorrows will be great and most

of our male population will be cripples," we begin to see that the time when we can again feel that we are once more back where we were prior to August, 1914, lies far in the future.

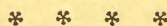
—*Canadian Medical Association Journal.*

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## Editorial



This is the season for the annual meetings of the many societies all over the country, and new officers elected for the work. It seemed a suitable time to ask the members of these organizations if they have any realization of just what being an officer means. It means, first of all, adding one more burden to the already busy life, for it is usually the case that the busiest women are the ones who do the work and who are willing to take office. The hardest part of being an officer is the meeting of so much criticism on the part of other members. Honest criticism with a real desire to help is always a thing to be wished for, but there is just one question the critic should ask herself: Am I ready and willing to take the office and do the worry? If she feels that she can, then only is she justified. The officer is probably only doing her duty in the best way, according to her light and, after all, one can only do one's best.



By the time this magazine goes to print the conventions of the Superintendents of Training Schools and the Canadian National Associations will just be over. We hope, in the July issue, to print the report of the Canadian National Association in full, so those who, in this busy year, could not come may get the closest account of the proceedings.

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## Letters to The Editor



Villa Riddett, Cannes, Feb. 16, 1917.

Dear Kind Association Friends:

Since the arrival of 38 lovely cases, a few days ago, it has been my happy task to distribute numbers of things and bring a little relief to much suffering, and as always, my gratitude heartily joins itself to that of the recipients.

I am thankful to have been able to get into touch with a devoted English lady, who is now doing night duty at that most forlorn of all hospitals, the Consumptive Hospital, at Mondelieu, and have sent her in-



dividually many comforts from your cases. She says: "It is pitiful to see the poor men, many of them dying, gasping at night for lack of extra pillows." All that the hospital can provide are very uncomfortable bolsters. From a quantity of squares of ticking which came in some cases some time back, and labelled "bed-pan covers," and which are not needed as such, we are able to make good pillow tickings, which we fill with scraps, vegetable, horsehair or anything we can find, so that Mrs. Lowry will be enabled to give a little comfort to some of the worst cases. Pyjamas, some of your beautiful flannel shirts and socks, have also given great comfort in this terrible place. Of course, many of the cases are hopeless when sent there, and all one can do is to give a little relief during their last days or hours. The military administration has just been changed, and a nice kindly man seems to have come to fill his post, but of course without outside help few comforts can be provided. They, the patients, are deeply grateful for all that is done for them. Many of the lovely bags sent by the Alumnae are going there, to be personally distributed by Mrs. Lowry, to men who are unable to get into touch with their families, or receive either help or comfort from them, being of course from the invaded districts.

My special work that I have in hand at present is in concert with several other ladies here (the Marquise de Mores, Lady Waterlow and Mrs. Saunders, the wife of one of the English doctors) to endeavor in some degree to improve matters in the Children's Hospital (*Les Ansu-carias*). It is very up-hill work, but I think we shall be able to accomplish if we are enabled to instal an excellent English nurse, and pay her fee. This, I think, we shall compass. I have also another young lady who will, probably, at a modest salary, give valuable help. I only wish I could paint for you in sufficient vivid coloring, the state of things there at present. Oh! friends of children (and who is not?), to see those poor little sufferers, some of them far gone in consumption, patient, lying there, with hardly any comforts (except what you and a few other kind friends have provided) is heartbreaking.

In an utterly unsuitable cottage, which is all that can be found for the tubercular cases, nobody being willing to let for that purpose, there is a sweet child of 13 years dying. When we asked her what she would like to eat, or rather what nourishment she would like to take, she only patiently said: "I can't eat now, it hurts my ears too much" (glands, of course); but she presently gasped, "I would like a little book to read." Needless to say, I am sending her some, from your Association Fund, though I doubt she will be in this world many days to read them. Her name is Marcelle. In the same room with her was a tiny tuberculosis baby of about two years old, a pitiful sight, too. In every room suitable, at the outside, for two beds, four, five or six beds are installed; and over the staircase, in what I took to be a lumber closet, we were told "That is where they put them when they are dead." It matters little to them, the poor angels, but still it shocked us. However, it is not entirely the fault of the Administration, because, as I remarked before, it is extremely

difficult to find people who will let houses for such cases. Thanks to your liberality, I have been able to send them quantities of sheets, night-gowns, pillowslips, and perhaps at the present moment the most valuable of all, extra nourishing foods. The brighter side of the dark picture is that greatly thanks to this, several children are making good progress, amongst others, the poor little girl Georgette, who a few weeks ago, through ulcerated legs, could neither stand nor walk, can now get about.

A new scope for the usefulness of your kind gifts I have now found in a new military hospital at Rhodéz, South-west France, a bleak place just on the borders of the great Landes (moor land). Here an excellent Australian nurse, and an English Red Cross Nurse, who were for a time at the Park here, are installed, and they have written me about it. They have added greatly to the comfort of their patients by some of your rubber cushions, hot water bottles, etc. I have also sent a case of every sort of garment that I happened to have on hand. As it is a hospital which will be mostly devoted to severe surgical cases, your beautiful dressings, compresses, etc., will also find their way there in considerable numbers, and you will in due time receive their acknowledgments.

All our helpers here are well, and as usual doing good work. I had an amusing tea party on my terrace yesterday, consisting of 5 very big Russian warriors, under the convoy of Mrs. Weller, whose patients they are. They were fine specimens of the race, in their high Astrachan caps, and big boots. Only one could speak a few words of French, but they were so quick in understanding us that conversation did not languish (!). They very much enjoyed very weak tea, buns and small iced cakes, but I am not sure that the bread and butter, butter being an unobtainable luxury in the hospitals, was not more appreciated than anything else. I think that what they most enjoyed was playing with my little granddaughter, Rosamond Dargan, aged 4, who distributed to them tiny buttonholes, picked by herself, and packets of cigarettes. They all insisted upon carrying her around the garden and could hardly make up their minds to part from her. A pathetic little incident was that one of them, a rather elderly man, who carried her about, was seen kissing her little hands, and he explained to us through Mrs. Weller that he had three little children in Russia, the youngest born just before the war. He has had no news of any of his family ever since. The tears welled up in his eyes as he told us this, and they were not very far from our own.

May your shameless beggar ask for some soap, shirts, George Washington coffee, and if not asking too much, some rubber sheeting. We are nearly out of this inestimable treasure, and soap here is becoming a commodity that will soon be very hard to get. A few more sheets for the Children's Hospital would be most gratefully received.

The bed-pads of the last sending are invaluable. I was amused in the Children's Hospital at finding the poor mites lying on some, and covered, as with counterpanes, with others; and this reminds me to give special thanks to the makers of the charming quilts in cheese cloth tufted



with wool, included in the last sending, and which will also find their way to the Children's Hospital.

For the summer we shall need cotton under-drawers for the men, and light-weight socks. I often send to men at the front, or prisoners, different things from your cases.

I shall keep you informed as to what success we have in ameliorating the Children's Hospital.

I have received by parcel post a fine parcel of slippers. They are simply flying out, right and left. The gauze handkerchiefs are giving great comfort to the consumptives.

I forgot to say in the proper place that to hear Mrs. Weller and Miss Buckley fire off long sentences in Russian to our visitors of yesterday was perfectly astounding.

Your sincere and grateful friend,

(Signed) AVISE E. M. RIDDETT.

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### ANNOUNCEMENT

Nurses and Women intending to take a course in Medical Gymnastics and Massage will find that New York School of Medical Gymnastics and Massage gives an excellent course. The school trains its pupils particularly in post-operative work which is the branch of massage greatly in need for the home-coming soldiers. The fracture massage work at the best hospitals in New York City is being done by pupils and graduates of the school. The work for infantile paralysis patients is also a great item of the student's study, as well at the school clinic as at the hospitals. A fine outfit of electric machines has been bought this year and the students that desire this work can obtain a most interesting training in same during the three months. The faculty comprise several doctors and the teaching staff consist both of doctors and women trained in Medical Gymnastics and Massage. For all further inquiries, address Registrar's Office, School of Medical Gymnastics and Massage, 664 Lexington Avenue, New York, N. Y.

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### IN HOSPITAL

I lie in a bed both warm and dry,  
And watch the snowflakes driving by.  
The frost on the windows is forming fast;  
The wind howls by in an icy blast—  
And I think as I look at the sheets so white—  
God pity the boys in the line to-night.

In Hospital, France.

—R. B. M. W., in London Express.

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Any life that is worth living for must be a struggle, a swimming, not with, but against the stream.—DEAN STANLEY.



## Chief Superintendent's Annual Report, 1916

(Continued from last month)

The work in the districts and hospitals throughout the Dominion has been very satisfactory, but I wish to run through the various branches, touching on a few of the outstanding facts during the year, concerning them. I trust that the meeting will hear more fully from their representatives, as the local coloring means so much to a proper estimate of the work. Starting in the Maritime Provinces, there are six branches in Nova Scotia and one in New Brunswick. Canso has had a particularly good year,—reporting 1,707 visits, an increase of 565. School nursing is now a regular part of the work there. The Principal of the schools sent a very gratifying report on the splendid results to the local committee. The committee are planning to hold a "Better Babies Contest" this spring. Sydney, including Whitney Pier, has had a busy year,—an extra nurse has been added to the staff. The Truro district as usual reports a good year, notwithstanding the many changes in nurses. Two nurses are employed, and do the town and country nursing as well as the school work.

The President of the Halifax Branch states in her report that the year 1916 has been in most respects the most prosperous year in their history; 9,892 visits were paid, an increase of 1,903 visits. A sixth nurse was added to the staff during the year. Out of 1,679 maternity cases in the city, six hundred were cared for by the Order of Nurses. Again Dartmouth reports a good year,—an increase of 2,165 visits. The increase in pre-natal and child welfare visits is well worthy of notice, as well as the increase in school nursing visits.



Yarmouth has had a very busy year,—2,193 visits are reported,—an increase of 279. This branch had a very successful Better Babies' Contest in the fall, which has had a marked effect in making the people realize the importance of child welfare activities.

The St. John Branch is the only representative of the Order in New Brunswick, but it is a worthy one. This branch has just closed a good year, notwithstanding the changes in the nursing staff and the long delays in filling vacancies, due to the shortage of nurses; 7,215 visits are reported as against 5,885 last year. An important step has been taken by the committee in securing more comfortable and more commodious quarters for the staff. This is the prelude to the securing of a Home for them.

In Quebec there are nine branches: Harrington Harbor, Montreal, Lachine, Westmount, Gaspé, Ste. Anne de Bellevue, Charlevoix, Sherbrooke and Grand Mère.

The Harrington Harbor Hospital, Labrador, has remained open and is doing good work as always. The Lachine branch has had a very successful year, have added a second nurse to the staff and are arranging to take up school nursing. Westmount has added a second nurse to their nursing staff. The Hospital Social Service nurse in the Western Hospital is supported by the Westmount Association, and is doing excellent work. The Grand Mère branch is doing very satisfactory work, though there have been several changes of nurses during the year there. The two nurses made 3,070 visits,—an increase of 983. The country district at Gaspé had a good year, and the Charlevoix district (Murray Bay, Pointe au Pic, etc.,) reports a very satisfactory one. The Sherbrooke branch has had an exceptionally good year, 3,421 visits were made—an increase of 544. The increase in the Child Welfare and Pre-natal work is very gratifying, viz.: 169 more Child Welfare visits and 109 more Pre-natal. School nursing, too, has become a settled part of the work of this branch, and excellent results are reported already. The Ste. Anne de Bellevue branch is very satisfactory. Miss Houghton, the very capable nurse who opened the district five years ago, is still in charge, and is thoroughly appreciated by committee, doctors and patients; 1,388 visits were paid this year as against 1,091 in 1915.

(Continued in next month's issue)

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.



### **The Canadian Nurses' Association and Register for Graduate Nurses, Montreal**

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.

Second Vice-President—Miss Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Club Room, 638a Dorchester Street West.

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## *Hospitals and Nurses*



### **NEW BRUNSWICK**

The graduating exercises of the Chipman Memorial Hospital Training School for Nurses was held at the Council Rooms, St. John, on April 23rd. Mr. G. W. Ganong, president of the Hospital Board, occupied the chair. Rev. Dr. Goucher opened the meeting with prayer. Dr. E. V. Sullivan gave an excellent address to the nurses. Mr. James Vroom presented the diplomas to the graduating class. Beautiful bouquets of roses and carnations were given to the graduates by the Medical Staff. A fine musical programme added to the enjoyment of the evening. After singing the National Anthem, an informal reception was held. Miss Clara M. Boyd, Assistant Superintendent, has sent in her resignation to take effect the first of June.

Miss Helen S. Lambert, graduate of Burband Hospital, Fitchbury, Mass., has been secured to fill the vacancy.

The engagement has been announced of Miss Mary Porter, Class of '13, C. M. H., to Mr. Percy Hauson, of Milltown, N. B. The marriage will take place early in the summer.

Mr. and Mrs. Robert Hetherington, of Cody's, N. B., announce the engagement of their daughter Margaret A., Class of '10, C. M. H., to Mr. Harry MacIntyre, of Sussex, N. B. The wedding will take place in the fall.

Miss Mary Porter, head nurse of the operating room, is leaving in June, and Miss Myra R. Johnson is coming to take her place.

Miss Janet L. MacBeau, '17 C. M. H., has accepted the position of night supervisor at the Aberdeen Hospital at New Glasgow, N. S.

Miss Enid MacIntyre, of C. M. H., has been accepted for overseas service.



## NOVA SCOTIA

Miss Woodbury, who has been assistant superintendent for some months at the Victoria General Hospital, is leaving shortly for her work in the Grenfell Mission, Labrador.

A large number of Canadian nurses are booked to sail from Halifax shortly, several sisters from the Station Hospital, Halifax, being amongst the number.

Miss Tait, head nurse of the V. O. in Halifax, is leaving shortly for overseas work. Her many friends wish her every success in her new work.

Miss Siebert, of the V. O., has resigned and leaves in a short time for her home in Michigan.

The Glee Club, consisting of the staff and patients of Pine Hill Convalescent Home, is giving a concert this week.

The last meeting of the N. S. G. N. A. was well attended. A very interesting address was given by Mrs. Sexton, her subject being "National Service for Women."

Miss Pope, matron of the Station Hospital, has been granted leave of absence, on account of recent illness.

Miss Cameron, matron of the hospital ship *Letitia*, was in Halifax this week; also several other Canadian sisters who are on the staff of the hospital ship.

Miss Twiddy, of the staff of the Canadian Hospital Ship, who has been in Halifax on sick leave, is leaving shortly for overseas.

Sister Doyle, of the Station Hospital, is acting matron while Miss Pope, the matron, is away.

Sisters Burton and Larkin went out on the hospital train this week.

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## QUEBEC

A cable has been received from Miss E. Stewart and Miss Ord, C.A. M.C., of their safe arrival in London, England.

Miss Gladys Van is leaving presently for overseas service.

Mrs. McLennan entertained at tea, recently, in honor of Mrs. Holmes, secretary-treasurer of the Eastern Townships Graduate Nurses' Association, who is leaving town to reside in Toronto.

R. V. H. ALUMNAE ASSOCIATION, MONTREAL

Nursing Sisters Gertrude Squire (Class of '09) and A. Dussault (Class of '10) are home on leave. The former has just returned from Russia. She was in Petrograd during the revolution and will have many things of interest to tell us. Miss Dussault has spent the last sixteen months continuously as a casualty clearing station, so has seen service, one may say, on the firing line. Miss G. Usborne (Class of '14), is at her home in Toronto on sick leave.

Nursing Sisters H. A. Pomeroy (Class of '16) D. M. Sanderson (Class of '16) and Mabel Clark (Class of '15) sailed from Montreal for overseas on May 31st. They are with the C. A. M. C. The party are

in charge of Miss Tait, an English nurse who has been doing private nursing in Montreal for some years.

The Matron of a Canadian Hospital in England was recently operated on by Dr. Armstrong, chief surgeon of the R. V. H., Montreal, now on service in England. The nurse in charge of the operating room at the time was Miss Kendall (Class of '16).

#### MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION

Miss K. S. Brock, of Sherbrooke St., who has been spending the past year in Toronto, Ont., has recently paid a visit to her home here.

Misses M. McLeod, Paget, Moss and Sharp sailed for overseas duty on May 31st.

Nursing Sisters Ruth Loggie and Eveline Whiting have been on leave in England, from France.

Miss M. McLeod, (Class '16) was entertained at a social evening on May 22nd by the Session and Soldiers' Aid Society of Knox Presbyterian Church. An address was read and a silver wrist watch presented to Miss McLeod prior to her going on active service at the front.

Our sympathy is extended to Nursing Sister Clare Gass in the loss of her brother at the front. Another brother of four serving their King and Country, had a foot amputation after severe injury.

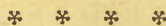
We also sympathize with Nursing Sister Molly McDermott, whose brother Edward has been seriously wounded, one of five brothers on active service.

These two families deserve credit for the part they are taking in the great war.

Mrs. A. J. Henderson has been made Matron of the Military Hospital on Drummond Street.

A quiet but pretty wedding took place on Thursday, April 12th, when Miss Lena France, of Montreal, was married to Alexander Sproule, M.D., of Applehill, Ont.

The ceremony was performed by Rev. H. S. Lee in Fairmount Presbyterian Church. The bride who was given away by Mr. Ward, of Ottawa, wore a gown of white charmeuse and georgette crepe, with silver lace and pearl trimmings. Her veil was of tulle, arranged in mop-cap effect, with coronet of orange blossoms. She carried a shower bouquet of roses and lilies of the valley. Miss Maisie Mellis was bridesmaid and wore a gown of pink crepe de chene with a pink tulle picture hat, and carried pink carnations. Little Helena Splane acted as flower girl, dressed in pink mull, and scattered pink rose petals in the bridal path. Mr. McMartin was best man. Immediately after the ceremony Dr. and Mrs. Sproule left for Toronto and other points. They will reside in Applehill, Ont. Mrs. Sproule was a recent graduate of M. G. H.



#### ONTARIO

Mr. and Mrs. John A. Gilmore announce the marriage of their sister, Jean, to Mr. Henry Forman Cook, on Wednesday, April 25, 1917, Marshall, Texas.



Miss Jean Gilmore is a graduate of Victoria Hospital Training School, London, Ont., Canada, Class '09, and has been superintendent of the Kalm Memorial Hospital, Texas, for several years.

The following nurses graduated at the twenty-eighth graduating exercises of the Kingston General Hospital, May 8, 1917: Misses Ruby Chandler, Norwood; Mildred Culla, Kingston; Gertrude Smith, Windsor; Mary Boyce, Pembroke; Meryl Wright, Portsmouth; Jean Kines, Milverton; Mary Fife, Indian River; Gertrude Murdock, Cobden; Lulu Loudon, Dixon Corner's; Ruth Percival, Mountain; Gertrude Simes, Lyndhurst; Mary Howes, Godfrey; Norma Johnston, Moscow; Olivia Wood, Kingston; Pearl Martin, Morewood; Eileen Bradley, Kingston; Pearl Matthews, Roseneath. After the Florence Nightingale Pledge had been taken by the class, the diplomas were presented by Mr. F. H. Lockett, and the pins by Mrs. H. T. J. Coleman, president of the Hospital Woman's Aid, and Mrs. R. E. Kent.

Misses Brown, Pollock and Carson, all graduates of the G. and M. Hospital, Owen Sound, Ont., are on duty overseas at the Orpington Hospital.

The graduating exercises of Owen Sound G. and M. Hospital took place recently. The members of the graduating class who received medals and diplomas were: Miss Millie Evans, Miss Hazel Falls, Miss Marie Smith, Miss Isabelle Henderson, Miss Lillian Thompson and Miss Harriet Warner.

Miss Lillian Thompson is to be congratulated, having won the "Hershey" gold medal for obstetrics.

Much sympathy has been given to Mr. A. M. Carthen, manager of the Bank of Hamilton, Blythe, Ont., on the sudden death of his wife. She was Miss Ethel McIntyre (T. G. H.). The funeral took place at her mother's residence, Owen Sound.

Miss Louise McDermott, graduate of St. Joseph's Hospital, Sudbury, has been appointed superintendent of the General Hospital, Blind River, Ont.

Miss Gertrude O'Brien, graduate of St. Joseph's Hospital, Sudbury, has accepted the position of head night supervisor at St. Joseph's Hospital, Sudbury.

A complete X-ray machine is to be installed at St. Joseph's Hospital in a few weeks.

Miss Rose Casserley, graduate of St. Michael's Hospital, is home for a visit from the Hamilton Hospital, Hamilton, Montana.

The marriage took place in White Temple, Palm Beach, Florida, of Miss Eleanor Griesbach, of Collingwood, Ont., to Mr. J. J. Dolbs, of Miami, Florida. After spending two weeks with the bride's parents they will reside in Cleveland. Miss Griesbach was a graduate of G. & M. Hospital, Collingwood, Class 1914.

Miss Ruby Akitt, Class 1914, Graduate of the G. & M. Hospital, Collingwood, is in Toronto with Miss Mabel Webber and Miss Maud

Wiggans, who are graduates of Grace Hospital, Toronto. They expect to leave soon for overseas with the C. A. M. C.

Miss Annie Allan, graduate of the G. & M. Hospital, Class 1908, left for Overseas with the C. A. M. C. early in March.

At the General and Marine Hospital, Collingwood, Sunday, April 8th, to Mr. and Mrs. Fred Watts, a son (nee Miss Wood, Class 1914).

Peterboro—At the regular meeting of the Nicholl's Hospital Alumnae Association, letters in acknowledgement of Christmas boxes were received from the following nursing sisters: Mrs. Millar, Miss Beamish, Mrs. Douglas, Miss Mowry, Miss Reid, Miss Hill, Miss Roberts, Miss Willison. All reported good health, busy, and enjoying their work.

Miss Ethel Davidson and Miss Mildred Drope are at Kingston, accepted for overseas service. Miss Kemp is taking a course of training in Toronto, preparatory for service overseas. Miss Kennedy, who has filled the position of school nurse so acceptably in Peterboro, has gone overseas with the last unit. Miss M. Hamner is in England, visiting friends. Miss McCallum is head nurse in Port Hope Hospital. Miss M. MacGregor has been appointed night supervisor. Miss Phinn, who has been in charge of the Nicholl's Hospital operating room, is leaving to take a position in the military hospital, Kingston. Miss Grace Burnham has also been accepted. Miss Graham has been appointed to succeed Miss Phinn in the Nicholl's Hospital.

Miss Jory has succeeded Miss Kennedy as school nurse for Peterboro.

Miss Spiers and Miss McGowan have made application for overseas service.

Our sympathy is extended to Miss Burgess in her recent sad bereavement.

At the March meeting of the Peterboro Chapter, Dr. F. C. Neal read a most interesting and helpful paper on "Blood Pressure."

Miss Grace Crowe is appointed school nurse in Biwakik, Minnesota.

The Kitchener-Waterloo Hospital Training School for Nurses, Kitchener, Ont., held its graduation exercises, on Friday evening, May 11, 1917.

The six nurses in graduating class were: Miss Katherine Cluthe, Miss Nora Woolner, Miss Jean Reynolds, Miss Margaret Murray, Miss Corina Fleming.

A large and interesting audience was present. The chair was occupied by Mr. J. B. Hughes, president of board of directors.

Dr. T. A. Callahan addressed the graduating class and administered the Florence Nightingale pledge.

The guest of the evening, the Hon. W. D. McPherson, provincial secretary, gave a splendid address.

Miss Murray was presented with a club bag, the gift of Dr. H. M. Lackner, for highest marks taken in surgical technique.



The nurses received cases of instruments from the board of directors, also rubber goods and books from the hospital auxiliaries.

At the close of the exercises a social hour was spent.

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#### ALBERTA

The Royal Alexandra Hospital, Edmonton, gave diplomas to the largest class that has graduated from it. Twenty nurses after taking the "Florence Nightingale" pledge were presented with medals and diplomas. These were presented by the Mayor to Misses Mildred Allen, Josephine Salter, Maude J. Taylor, Margaret McKinnon, Margaret Manuel, Lillian Lawrie, Mazo G. Stewart, Ethel M. Gimby, Annie M. Pritchard, Laura C. Alleyn, Kate Brighty, Maggie J. James, Florence A. Adam, Lelia Clarke, Evelyn Malloy, Alvina D. Engelcke, Gladys Thurston, Margaret Irving, Sylvia Magoon, Frances K. Smith. Reference was made in the report of the superintendent Miss Campbell to the recent death of Miss Gilmour, the former head of the hospital. Miss Mildred Allen received the prize for the highest marks; Miss Pritchard for proficiency in bandaging; Miss Adair of the Intermediate Class, a book on Nursing as prize for proficiency, and the prize which went to Miss Alece Keith of the Junior Class was a year's subscription to "The Canadian Nurse." A reception followed the graduating exercises.

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#### BRITISH COLUMBIA

Misses Whitlock and Howard, Victoria, have been appointed to the staff of the Workpoint Hospital.

Mrs. A. L. Carruthers, Victoria, has gone to live in Prince Rupert.

Miss Clover Walker, graduate of the Royal Jubilee Hospital, Victoria, B. C., has left for active service with the C.A.M.C.

Realizing the urgent demand for more Red Cross nurses at the front and anxious to do their bit along with thousands of others in caring for the wounded, five members of the official staff of the Vancouver General Hospital and four other graduates of the same institution will leave the city this evening, en route to England, where they will place their services at the disposal of the military authorities. About thirty additional graduates of the Vancouver General Hospital are now serving at Saloniki and other fronts, where they have rendered valuable aid in the hospitals.

Eight of the nine nurses scheduled to depart overseas served their three-year course of training at the Vancouver General Hospital, Miss Forrester of Ladysmith being the only exception. She commenced her career at the Chemainus Hospital and completed her final year, before graduating, at the Vancouver General.

The five who volunteered their services from the official staff of the local institution are: Miss Shand, South Okanagan; Miss Robson, 415 St. George Street, New Westminster; Miss Eden Pringle, Roslind, Man.; Miss Forrester, Ladysmith; and Miss McLaughlin, High River, Alta.

The other graduates are: Miss Rice, Ireland; Miss O. Dunton, Edmonton, Alta; Miss G. Bruce, Stephenfield, Man.; and Miss Aleole Perry.

All of the nurses, with the exception of Miss Forrester, have lived here for many years and are well known in the city.

On May 30th the graduating exercises of Class 1917 of the Training School for Nurses of the Vancouver General Hospital, took place in the University auditorium, Vancouver, B. C.

A prayer was offered by the Rev. Mr. Mitchell, followed by a short address by Dr. C. H. Gatewood, who occupied the chair and who presented some interesting figures to the notice of the audience. Among them were the facts that about seventy-five probationers attended the hospital every year, and that fifty-five of the graduates from the hospital are now overseas.

In his address to the graduating class, Professor Sherrard of the University of British Columbia, showed the evolution of the nursing profession from a position once considered of little moment to that which it occupies to-day. The Doctor urged the graduates in all things to keep fit. "Physical fitness makes for efficiency as nothing else can do."

Dr. J. W. McIntosh gave a short address to the nurses, especially referring to the equal franchise as a means of further rendering aid to the profession.

Diplomas were then presented by Mrs. William Murray, President of the Women's Auxiliary of the Vancouver General Hospital, and medals by Miss Shover, President of the Girls' Auxiliary. The list of graduates is as follows:

Miss Margaret I. Reid, Central Park, B. C.; Miss Audrey Bond, Vancouver, B. C.; Miss Lotti Scarletti, Central Park, B. C.; Miss Celia Johnstone, Aberdeen, Scotland; Miss Molly Lytie, Pitt Meadows, B. C.; Miss Mabel Reade, Vancouver, B. C.; Miss Adele Cooper, Vancouver, B. C.; Miss Veronica Page, Matsqui, B. C.; Miss Laura Fuller, Vancouver, B. C.; Miss Olive Dunton, Cartwright, Man.; Miss Maude Laird, Carrick-on-Shannon, Ireland; Miss Violet Barkett, Westholme, V. I.; Miss Jean Anderson, Vancouver, B. C.; Miss Helen Burnside, Vancouver, B. C.; Miss Jean Mutch, Toronto, Ont.; Miss Lily McTavish, Vancouver, B. C.; Miss Maud McLennan, Vancouver, B. C.

Dr. R. E. McKechnie, after a brief address, in which he congratulated the nurses on their success, presented the special prizes. Miss Cecelia Johnstone was awarded the McKechnie gold medal for general efficiency; Miss Lily McTavish the Seldom prize for surgery; and Miss Audrey Bond the Glen Campbell prize for ophthalmology. Mayor McBeath closed the proceedings with a few appropriate remarks, after which dancing was enjoyed until midnight.

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Nursing Sister Margaret Motherwell, a daughter of the late Canon Motherwell, of the diocese of Niagara, has been decorated with the Royal Red Cross of the first class for distinguished service in France.



### Births

MOORE.—To Mr. and Mrs. E. Moore, of Glenburnie, on April 20th, a daughter. Mrs. Moore was Miss Kathleen Blacklock (K.G.H., 1913).

DAWSON—On April 17th, 1917, at Wellesley Hospital, Toronto, to Dr. and Mrs. Dawson, Maple Creek, Sask., a son. Mrs. Dawson was Miss Nöra Smith, graduate Grace Hospital, Toronto.

YOUNG—At Toronto General Hospital (private pavilion) on Saturday, May 26th, 1917, to Major and Mrs. Newton M. Young, a son (Newton Berkeley). Mrs. Young was Lella Cassels, Class of 1915, T.G.H.

MACMILLAN—On Wednesday, May 23rd, 1917, at the Cottage Hospital, Toronto, to Dr. R. J. and Mrs. MacMillan, a son (Robert Laidlaw). Mrs. MacMillan was Elizabeth Laidlaw, class of 1905, Toronto General Hospital.

### Marriages

ALLDRED-GREGG—On May 24th, 1917, by Rev. C. H. Schutt, of Century Baptist Church, Toronto, Miss Laura M. Gregg, (Class '11, T.G.H., Toronto), to Mr. Ira Alldred, both of Toronto.

CAVANAGH-WRIGHT—June 7th, at Christ Church, Vancouver, B. C., Miss Beatrice Cavanagh (graduate Royal Victoria Hospital, Montreal), to Mr. Herbert Keith Wright, of Vancouver, Inspector of British Columbia branches of the Royal Bank of Canada.

PURVIS-ROLSON—In Brockville, Ont., May 3rd, 1917, Miss Ella Rolson, Asistant Superintendent Brockville General Hospital, to Dr. John S. Purvis, of Brockville. Miss Rolson was a graduate of K.G.H., 1914.

### Deaths

OWENS—On Wednesday, May 23rd, 1917, at the residence of her brother-in-law, Dr. G. W. Pringle, 1957 Yonge Street, Toronto, Amelia B., youngest daughter of Samuel and Ellen Owens, of Chesley, Ontario. Miss Owens was a graduate of the Toronto General, (Class of 1915).

MCPHEDRAN—On Tuesday, May 22nd, 1917, at the P. P. Pavilion, Toronto General Hospital, Maud Louisa McNish, beloved wife of Dr. A. G. McPhedran, 867 College Street. Mrs. McPhedran was a graduate of the Toronto General, (Class of 1901).

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Among the Toronto nurses who have done heroic work overseas and have been decorated in recognition of their services are Miss Jean Johnston, formerly a Public School nurse here, who has served in Egypt, Lemnos, Saloniki, England, and France, and who has been awarded the Royal Red Cross Medal, and Miss G. A. Gray, with No. 4 University of Toronto Hospital, who received the same decoration. Others who have been decorated are: Miss G. A. Mavety, daughter of Dr. A. C. Mavety, of Mavety Avenue; Miss Marion R. Marsh, of Newmarket; and Miss F. H. Wylie, of St. Catharines.

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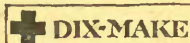
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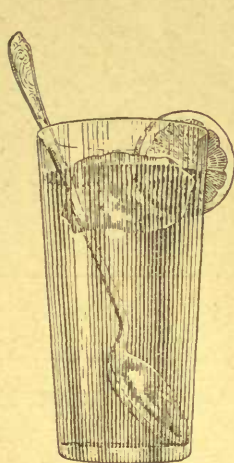
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# THE CANADIAN NURSE

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## Medical Inspection of Public Schools

Dr. Frederick S. Minns,

*Chief Medical Officer, Board of Education, Toronto, Canada*

The proverbs of every race and country are a national possession, the heritage of succeeding generations. Even the fallacious are quoted on all sides with apparent reverence. Others containing germs of truth are quoted but neglected. Of such a kind is the maxim that "Prevention is better than cure." It is on everyone's lips almost from childhood, but its principle—remarkably true—is ignored by all sorts and conditions, the rich and the poor, the educated and the ignorant. "Medicine," wrote Plato more than two thousand years ago, "is the science of health." To-day it is popularly regarded as the science of disease. But had the truth of Plato's dictum been recognized, some Government department of preventive medicine would long ago have been established in our midst.

In the schools of ancient Greece, at least one aspect of school hygiene, namely, physical education, was recognized as a necessary means of developing the ideal citizen—the true function of education. The training of the body was regarded as of equal importance with the training of the mind. In any rational and well balanced system of education, the child's whole being is cared for, the physical, intellectual, and moral natures are trained and cultivated.

From the time of ancient Greece until the close of the nineteenth century, there is no record of interest in educational hygiene. It is only now, in the twentieth century, that in nearly every country of the world there has been an awakening followed by a steady development. Modern civilization is again beginning to approximate the system which obtained in Greece, when a national school which trained the mind only and neglected the body of the pupil was an inconceivable institution.

Had the importance of preventive measures been more thoroughly realized there would have been less delay both in the recognition of the necessity for, and in the institution of medical inspection.

Routine medical inspection of children will neither prevent nor materially alter the course of outbreaks of epidemic disease. The school is by no means such an exclusive centre for the dissemination of acute infectious diseases as is generally assumed. It should rather be regarded as a convenient place for studying the incidence of these diseases and for



devising new methods for controlling their spread. Although the majority of schools are not hot-beds of infection, nor do the majority of schools show a proportion of degenerates or underfed children, or children suffering from infectious disease, every school does contain a percentage of children suffering from unrecognized defects.

The activity of the smaller countries is notable. Sweden was the first country to adopt a scientific system of physical training in 1813. This system of physical training, or some modification of it, is still regarded by many as the best. The Swedish Government in 1840 appointed school doctors in some of the training colleges, and in 1863 prescribed duties for school physicians in secondary schools. Medical supervision of primary schools was inaugurated in 1895.

Russia: In 1871 Russia made provision for medical inspection. The Minister of Education has a medical department at his service.

Germany: In 1883 the first school doctor in Germany was appointed at Frankfort-au-Main. There is no power of compulsion. The work in Germany is very thorough, and one of the aims of administration is to "reduce as far as possible the number of children allotted to each school physician, with the object of securing more personal work."

Austria-Hungary: In Austria-Hungary the office of school physician was created in 1885, and two years later a number of physicians with specified duties were appointed for the secondary schools.

France: In 1886 the medical inspection of schools in France was instituted for all departments.

Norway: The history of medical inspection in Norway presents a model of orderly and progressive legislation. In 1885, some localities had appointed school physicians. In 1889 permissive regulations were passed, empowering local authorities to appoint health inspectors. In 1891 these regulations were made compulsory. Although the population of Norway is so scattered that ten per cent. of the children walk two and one-half miles or more to school, every school has a medical officer.

Argentina: In 1888 the Argentina Republic entrusted the medical supervision of primary schools to a school medical board.

Switzerland: In 1898 the Swiss Federal Government recommended the medical examination of all children upon their first admission to school.

Japan: In 1898 in Japan the Minister of Education ordered the appointment of school doctors at every public school.

Victoria: New South Wales and Tasmania have introduced a system of medical inspection.

England: The Education Act of 1870 established the board school and made education compulsory, but educational authorities were slow to apprehend the value of medical advice and assistance.

"It is an ill wind that blows nobody good." The South African war which stirred the colonies to join the Motherland in her struggle with the Boers, also opened the eyes of the British Government to an unsuspected and greater danger at the very heart of the nation. Of the recruits who offered themselves for service in the war, from 60 to 75 per cent. failed to measure up to the army standard and were rejected as unfit. This was especially alarming since the army standard had already been lowered four times since 1845.

The movement in favor of medical supervision in education culminated in the Education Bill of 1907, which made provision for health inspection in the following terms: "The power and duties of a local education authority under Part 3 of the Education Act shall include: The duty to provide for the medical inspection of school children immediately before or at the time, or as soon as possible after their admission to a public elementary school, and on such other occasions as the Boards of Education direct, and the power to make such arrangements as may be sanctioned by the Board of Education for attending to the health and physical condition of the children in public elementary schools." It is thus incumbent on the educational authorities in England to make systematic investigation of the health of school children, and they also have the power of at least attempting to insure that the health of the children shall be of such a standard that they may profit by the education provided for them.

United States: In the United States the chief aim of medical inspection has been directed towards the prevention of infectious and contagious disease. Much useful work has been done in this direction by various municipalities, but very little has been accomplished with regard to the real problems of school hygiene, except in Boston, where a director of school hygiene was appointed as early as 1891.

Coming now to our own country, we find that in all the provinces a beginning has been made. Public interest is being gradually awakened and the medical profession generally advocates increased attention to the physical condition of the pupils in our schools.

British Columbia: In the year 1910 the Legislature of British Columbia passed an Act regarding the medical inspection of schools. It is a compulsory Act.

Alberta: Provision was made in 1909 by the Alberta Legislature for the employment of medical officers in town and city schools. Edmonton and Calgary have begun this work.

Saskatchewan: In Regina, Moose Jaw and Saskatchewan medical inspection has been established.

Manitoba: Winnipeg has a well organized system of inspection.

Quebec: Fully organized medical inspection of schools exists in the City of Montreal, where the work is under the authority of the City Council, and is conducted by a medical inspector and his staff. In West-



mount, Lachine, and Three Rivers, medical inspection of schools is also being carried out.

New Brunswick: The City of St. John has taken up medical inspection for the schools.

Nova Scotia: In the City of Halifax, the School Board has appointed two medical men as inspectors. In Amherst a very thorough and well organized system has been put into operation.

Ontario: The City of Toronto was the first place in Ontario to introduce medical inspection. Medical inspection was begun in the Toronto public schools by the Board of Education early in 1910. In Niagara Falls, St. Catharines, London, Hamilton, Brantford, and a score of other places the work is being carried on.

The Department of Education issued permissive regulations governing medical, dental and nursing inspection of public schools in 1914. The first clause of the regulations is as follows:

"Where provision has been made for free medical treatment of the pupils whose parents or guardians are unable to pay therefor, one School Board or a number of School Boards acting either by themselves or in conjunction with other local organizations approved for this purpose by the Minister, may by resolution adopt a system of school medical inspection."

The Department of Education in these regulations makes provision for each school individually. Provision is also made for a number of schools collectively. The school is established as a social and public health agency. The regulations are broad enough to include every other social or health agency which wishes to coöperate with the School Board with the approval of the Minister of Education.

The argument in favour of medical inspection of schools lies in the fact that in a large number of school children there are physical and mental conditions which are injurious to health and form a serious handicap in their education, or may constitute a menace to the health of their classmates. Many children have conditions at present overlooked by both the teachers and parents which can be prevented or corrected. Others are suffering from diseases, the serious nature and consequences of which no one but a medical man can recognize. Medical inspection is necessary because some parents are ignorant. It is only a means to an end, and the end is the education or enlightenment of the people in health matters.

The school is the nursery of the nation, and by reason of the ignorance of parents, all aspects of the whole question should be treated as educational problems. Children must be taught how to live healthy and cleanly lives. Ignorance can only be conquered by sympathetic, tactful education, which is the function of the school. It has been said that if all parents had an intelligent knowledge of hygiene, medical inspection of schools would be unnecessary, for all defects would have been discov-

ered at home. But it is too plainly evident that ignorance is the rule, and that even in the families of intelligent people serious disabilities in children pass unnoticed, and minor deformities are frequently overlooked by parents who are by no means careless or indifferent to their children's welfare. It is to the undoubted advantage of both parents and children that any defects should be discovered as soon as possible, and that in the cases of weakly children, or those handicapped in any way, some modification of the educational course should be instituted. It is no less clear that in the interests of the strong and healthy this elimination should take place, for it is not fair that they should be delayed in their progress by the drag of their less capable classmates. If there is any doubt as to the existence of these defects it can best be set at rest by a study of the results of medical inspection in various centres. Clean and healthy children have also a right to be protected from the results of contact with their dirty and neglected classmates. And the great question of the day, the question of tuberculous infection, must not be lost sight of. Evidence is rapidly accumulating that it is especially during childhood and school life that the tuberculous seed finds a nidus. The school doctor cannot abolish all this ignorance and neglect, nor will he educate all the parents at once, but in the course of a few years a vast improvement will be noticeable if an adequate system is introduced. The teacher cannot do justice to any individual child without such knowledge of its mental, moral and physical development as can scarcely be acquired without the doctor's help. And though the teacher may be able to form an adequate judgment of the child's general capacity, yet every teacher will recall many a difficult case in which he would have been glad of the advice of a school doctor interested in the study of child life. Medical inspection of schools should have been the first step in any compulsory system of State education. The past generation of educationalists had few ideas beyond teaching, reading, writing and arithmetic to all and training the more intelligent children to win scholarships. There was no idea of educating each child to play his part as a citizen of the State. In consequence the one essential step was overlooked, and educational progress has been conducted on wrong lines for many years.

The scope of medical supervision should include the school building, its construction and architecture, the healthfulness of its site, its ventilation, illumination, and the methods used in keeping it clean and free from dust; its furniture, cloak rooms, fire escapes, sanitary conveniences, gymnasiums, baths, and playgrounds. To be complete, medical inspection should also include the examination of the teacher.

The school doctor should be tactful and considerate in his relations with the teaching staff. Discipline requires that the teacher's position be paramount. In the work of examination and supervision the school doctor should be tactful and show consideration for the feelings and even the prejudices of the parents. It is fairly evident that in addition to medical qualifications a school doctor should have some acquaintance



with educational problems and with the general routine of the school teacher's work.

The school nurse forms the connecting link between the home and the school on the one side, and the home and the hospital or other medical agency on the other. She enables the child to stay at school or to get back to school in the shortest possible time.

In any system of medical inspection the teacher must necessarily be a very important factor. The teacher has the child under observation the larger part of its school life. School medical inspection is not a passing fad introduced to add to the already overburdened curriculum, but comes rather as a leavening agent to make all school problems lighter.

Having adopted the principle of compulsory education, and undertaken the expense of it, the public has a right to demand the best results.

It is much to be desired that some degree of compulsion could be imported into our system of school hygiene. And why should not this be tolerated? The law of the land has already said to the parents in compulsory education, "Thy child must not grow up in ignorance." When will it say to the ignorant, apathetic or penurious parent: "Thy child shall not grow up in disease if that disease is remediable." At present while the responsibility devolves upon the parent as soon as he is notified by the school doctor of any ailment or defect in his child, the community or State should see that this responsibility is met.

One can readily see that medical inspection has far-reaching social, economic and moral phases. It is an attempt to make sanitation universal, to eliminate preventable disease, to perfect the social and individual health status. It means increased human efficiency, greater earning capacity, a normal social life and a better physical foundation for sound social and spiritual growth. It indicates that society is attempting to meet its social responsibility by protecting the whole of human kind from the menace of its defective members. It recognizes that one of the keenest socio-sanitary indices of a community's life is the care which it takes of its future citizens.

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### **Baby Hygiene Nursing**

(By Helen G. Churchill)

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When the public health nurse first goes into the work, she sees so many wrongs to be righted and so much needless suffering that she is appalled. However, she decides that she will be a real reformer, tell and help the people to improve conditions, and so accomplish great things right away.

But she has to deal with human beings just like herself, those who do not make the best of their opportunities because they are "so tired,"

or it is "too much work"; or perhaps they have been brought up in a certain way which was good enough for their mothers or their grandmothers, and so does perfectly well for them. After a little while, she realizes that any growth is slow, and that she cannot expect to make over the little circle with which she comes in contact, but that she must go to the people just as she would approach any other friends; praise all she finds that is praiseworthy, suggest changes only when she can *show* such changes beneficial, always be interested to listen to a recital of their good news or their troubles, and prove that she is a friend indeed.

Any nurse who is sent to relieve an acute situation is received gladly. She can take charge of affairs and frankly state that unless certain improvements are made and a reasonable standard maintained, the patient will suffer; but the nurse doing preventive work usually makes her first visit because a neighbor or a social agency feels there is something wrong in the family referred; and it often means hours of work, many calls, almost endless tact and patience, and the establishing of a real liking, before the nurse has the slightest influence in the household. She must be interested herself, if she would interest others, and she must have real help to give, if she is to make her visits desired.

On my first call, I usually mentioned the people who sent me, encouraged the mother in every possible way, and invited her to bring her baby to the very next conference. Sometimes it would take several calls to get the desired response; many mothers never responded at all; but often they came after my first visit, and once registered, the babies were kept under supervision for a year, at least.

At the conference, a physician is in attendance, and after the baby is undressed, weighed and has his weight recorded on his card, if he shows a normal gain, he is allowed to go home; unless his mother wants to see the doctor. But if baby is not doing well, the mother is urged to confer with the physician, who, by kind, careful, interested questioning can usually find out why the little one loses, and then encourages the mother and advises her how to do better before the next conference.

As soon as possible the nurse visits every family in which the doctor orders change of treatment, to see that his orders are understood and carried out. For instance, one of my older babies was not gaining, as the mother's milk—as shown by laboratory test—had grown weak. The doctor advised the mother about her own diet, exercise and so forth, and ordered one feeding of Cream of Wheat daily for the baby. The next morning I called to teach the cooking of cereals, and found the poor baby blue in the face, coughing and spluttering and generally uncomfortable. When I asked what the matter was, the mother replied excitedly, "I don't think much of that doctor. I've just given Gladys shredded wheat and she doesn't like it at all!"

At the milk stations in Boston, a nurse is on duty from 7.45 till 9.30 every morning, to see any who may desire her advice, or answer questions, or take names and addresses of people who want her to see



their babies surely, and to sell an excellent grade of milk at cost, for those mothers who must bottle-feed their babies wholly or in part. This milk is a little more expensive than store milk, but when babies are doing well on it their parents can usually manage to pay the difference. If for any good reason they are unable to do so, there are charitable associations which will always tide a family over a hard place, and it becomes a nurse's duty to present such a case in so sensible and clear a way before the agency from which she desired aid that it is given and the family much benefited thereby.

One morning Mrs. P—— sent for me in such haste that I feared the baby must be dying, but when I reached the house I found the mother ill and discouraged. For some time she had been failing, and I had finally influenced her to see a doctor, who in turn had referred her to the tuberculosis hospital, where she had been pronounced "first stage," and advised to go to a sanatorium at the earliest opportunity. I stayed quite a while talking it over with her, and finally she consented to go. Only last week I had a letter from her saying she had gained sixteen pounds, was able to help with *some of the lighter* hospital duties, and felt thankful she had taken treatment, but should be happy to return to her six little girls, who had been cared for by their father during the mother's absence. Two of the children were in the country all summer, through the kindness of one of the settlement workers whom I interested in the family; and the same social worker took one of the other children to the hospital one morning after she had shown me a very sore eye, and repeated the hospital visits all through the long, tedious weeks of treatment, so that the little girl has that worker to thank for the sight from two eyes which the doctors thought at first might become blind. The care that those older children gave the little ones, and the love the tots have for their big sisters, make that home a very happy place in which to live.

Just as I was leaving the house, I met a woman who told me her baby had a sore chin, and when I went to see him he was also all covered with a rash. The family was very poor, the father a hard drinker, and the poor baby was lying on a quilt spread over a spring, the upper end of which was attached to a headboard, while the lower was supported on a pail. Two other children, flushed, bright-eyed and with discharging noses, were fussing for dinner, but there was no food in the house. I telephoned the district physician, who went in at once, pronounced the illness measles, and communicated with his nurse, who had the children all sent to the hospital that night. When they came home they were rosy, plump and in better condition than they had ever been before.

The next few calls did not seem to amount to much, as in one I only put the milk jar in the icebox and tried to explain the importance of keeping milk cold. The mother did not seem much impressed, but ever since, if the jar has been on the table when I called, she has always said she has "just that minute taken it out of the icebox."

The next family needed fresh air, so I lowered the window and said how important it was to let the baby's cold go out over the top of the window instead of keeping it in the room. I have demonstrated the same thing time and again there, but nearly always have to open the window myself, no matter how they try to excuse its being closed.

My next mother was young and nervous, just home from the hospital with her first baby; so I gave him a bath, then ran in again the next few days to watch and help, till bath was given easily by the little woman. Next, I called on some twins, and as their bed looked untidy, I slipped in my hand and pulled out a wet wad of flannel which had been placed under the babies for their comfort. Then I drew out another and another, until there were fifteen soaking rags of all sizes, shapes, kinds and materials lying on the floor. With clean things the crib was remade and the mother shown how much more comfortably the babies rested on one dry, smooth, clean cloth than on divers and sundry rolls of wet pads.

Any baby who is fussy or ill is carefully examined for distention or rash, his throat, mouth and ears are looked over and his temperature taken. If he has any marked symptoms, he is referred to the family doctor, if the parents can pay; otherwise, he is sent to the out-patient department of the nearest hospital or dispensary. If the mother cannot possibly get out, because she is ill, or has several small children, and no one to look out for them, the district doctor is asked to call, while a rash, discharging eye or suspicious sore throat is reported immediately to the Board of Health.

At first, all the modified milk was prepared in the milk laboratory, but now the conference physicians order simple formulas, and the nurses teach the mothers to prepare them. The first morning the nurse sterilizes bottles and nipples, measures all the ingredients, and demonstrates just how the milk should be prepared. The next morning, the mother makes the mixture while the nurse watches her and corrects whatever is wrong. If the mother is intelligent, the nurse may not go to her again for a day or two, but if she does not understand, she has to be visited and instructed day after day, till she mixes her baby's food correctly.

Many times the calls are just friendly, and after general questions concerning the welfare of the family, a new hat may be tried on or a new piece of furniture proudly exhibited.

There are so many ways of helping after we become acquainted, that we can never tell what we shall be called upon to do. There may be a stopped-up drain, or an aching tooth, or a drunken husband, or a sore-hearted older girl to be looked after, and in all cases we must try to be kind and wise.

One baby and his grandmother are always a comfort after a hard day. He was my very dearest baby, and fell from a roof to the ground; but, besides a broken jaw and a severe shaking up, was not seriously hurt. However, his mouth needed daily irrigations, and although he used to cry lustily over the treatment at first, he was very good and



patient. Finally, I sent him to the Harvard Dental School, for his jaw would not heal, and on going in they found an abscess, cleaned it up and he became well. One evening, after a day full of hard luck stories, I ran in to see him for a minute, and we had a frolic together. As he stood making eyes at me, I put out my hand to him and said, "I love you, David." He came across the room, put his little chubby arms as far around me as they would go, laid his head against my knees and said, "I love you, too."

So, as in all life, many things go wrong, but many others, right. There are many sorrows, but there are also joys; there is much that is ugly, but certainly the love of a little child is a beautiful thing, and compensates for much hard work.

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### Diary of a Red Cross Nurse in Serbia

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Kragujevatz, September.

There was a hush of expectancy in the air. We all knew the English and French were at Salonika—we all knew the Austrians were amassing on the Northern frontier, and the Bulgars on the East. Daily the question was asked: "Have the Bulgars attacked?" If they did, then Greece would come in—of course Roumania would come in—the English and French would come up, and then in Servia would be the "Great Fight." And so we waited, fearing, and yet anxious for the fray. Almost daily the enemy aeroplanes could be seen, like graceful birds, swiftly skimming through the ether. The first attack felt entirely different from listening to the distant booming of guns, or anything else equally heroic. I was stepping into my pie-dish of a bath. Crash! the glass of my window came in a little more noisily than necessary. Crash! Crash! We were within five minutes of the Arsenal—the centre of attraction. Would I wash? Well, it wasn't decent, to say the least of it, to be killed without clothes on, so helter skelter into various garments. Two of the doctors had already passed down towards the Arsenal. It was simply absorbing to watch the shots. The little white puff now appeared to envelop the aeroplane, but no, whizz! and another crash. The hospital was full of refugees. Two of the more convalescent patients had climbed through the trap-door on the roof to watch events. Afterwards they were duly chastised by headquarters. Poppa, the religious stay of the building, was in the depths of the cellar, for once setting his flock such a good example that they were too panicstricken to follow. Crash! and down went a bomb right through the house on the opposite side of the road. A man in a field to the right was killed and the leaves from the trees strewed the ground thicker than after a storm in Autumn. Matron and I were pulled rather unceremoniously into a house on the left—an old man, over 70, his white hair smeared with blood, his face

composed as in sleep—quite dead. The crowd were pushing in and we must go. The little white clouds have been chasing the enemy hard. The destruction is over for one day, and we go home to "Brekker."

Next morning, crash! crash! crash!—the same all over. Breakfast just finished, when there is a cry: "Come and see!" From out a puff of smoke, oh, so high, burst a flame. A fiery, seething mass comes down, down, down. Where will it land? It seems right overhead—now the middle of the town—there, right opposite the Royal Residence in the street.

Flames!—the burning petrol, over which water seems to have no power! The two occupants are charred. One in the upper part unscathed, stares awfully out of the unutterable agony of that death! The crowd have to be held back forcibly. Another is brought down outside the town, but only the wing is found. Days pass, and fighting has begun. Letters come more and more irregularly, then cease. We know the Bulgars have cut the line. Meanwhile, day and night, trainloads of wounded are brought in. The poor fellows are horribly smashed, but there is no time for feeling or anything. The worst cases are brought straight in. The rest sit and lie around in the yard where they are duly barbed by a dapper little fellow who goes around at an alarming rate—taken by Austrian prisoner orderlies and tubbed. The first dressing is done as rapidly as possible and to bed. How they longed for bed. I can still hear a poor boy, with his head any shape but the normal, saying: "*Daite me krivet molim, vas*" (Give me a bed, please). Our field ambulance now left for the Front, and many a strange tale could they unfold. I even heard they sat on chairs in a village street whilst the Serbian army, in full retreat, swept down past them.

The booming of guns can now be heard. Report has it that one place after another has fallen. Belgrad, the glory of the Serbs, is in the hands of the enemy, and still the wounded pour in. Report has it that the English and French are at Nish—relief is at hand. One day, passing the square in the town with our interpreter, I asked him what a huge gathering of old men meant. "These are too old to fight," said I. "Oh," said he, "they will fight better than the young." I did not understand. "Well, they *must* fight; they are too stiff to run away." Later I learnt the force of his remark.

Our boxes and heavy luggage have now left, addressed for home. One bright, sunny day our front garden was invaded by a troop of English women. There they sat quite at ease, one nursing a tiny kitten she had brought. The shells had been falling all round their camp at Mladenovatz, and within a few hours' notice they had to quit. That evening they had sleeping quarters in order, and next morning they were all busy in a dressing station. Now we knew things were getting close. All day and every day the streets were thronged with refugees and oxen-wagons passing through. Then the town was evacuated. The thronging, the pressing, the hurrying, and then the quiet.



Our Mladenovatz unit packed and went and we saw them no more—"ships that pass in the night"). Our Austrian orderlies were mostly away. The morning they went, how they brushed up and tidied themselves, and as they swung round out of the Hospital yard, in step, with heads erect, who would know they had been prisoners over a year? How the orderlies remaining shouted "Sbogam!" and clutched at their friends as they passed. They had served us well—very well—and we were sorry to lose them. May our next war not be with Austria!

The end of October—Sunday night, and our orders to quit. Would our patients never understand that those who could at all move must go South? Did they not know the horrors of a prisoner's life? It was so difficult forcing them out. They thought while we were there they were safe, and so—

Sunday night—the evening round—a hospital full of the heaviest cases. Sister and I are standing beside a bed. "I am so glad he is sleeping to-night, Sister." Slowly a smile broke over the man's face. Well, to-night let him have his little joke, for he knew not of the morrow. "And that boy; I am glad he is gone," said Sister. The reason we did not know, his wound was so slight. He had talked so brightly, but death was written all over him, and then he asked to write home to his mother. Fresh from the fight, and yet he did not seem to realize that his home in the North must be gone. But we got an orderly to sit and write for him, assisted by every man in the ward who could raise his head, and I got the letter, but there was no post office. The boy thanked me for letting him write, turned over, went to sleep and never woke. I was not even called.

Poor old "Tehitchi," whose arm had been amputated, was awake, apprehensive. He had been in too many wars. And so on—a night round, the saddest I ever paid. To-morrow a Greek doctor would be in charge. The next morning—Monday and pandemonium. The Hospital knew we were going. Every man who could force himself out of bed was astir—some resting between the acts of dressing, others undoing splints to get refractory limbs into garments. Never could I have imagined such a scene. Here is a man with a broken leg. Will I rescue a crutch for him from a man with a flesh wound and two crutches? The man with the two crutches disappears so quickly that it is evident he really doesn't need them. Finally a compromise of a crutch and a stick apiece is arrived at. Broken limbs seem more plentiful than crutches to-day. The man with double septic pneumonia—a great, huge young fellow—shell in either lung, is up and away with the first. He had only gone once the length of the dressing-room, and was quite proud of the feat. Yet, when we entered Krushevats three days later, his is the first figure to greet me, looking none the worse for the forty-mile tramp. Now the first lot have gone to the station, and we are left—two doctors and two nurses—waiting for the Greek doctor; but, sad to relate, he had decamped, and we waited in vain. Finally we set to and did the dress-

ings. The Military came in and took over the Hospital, and in the evening we set out for the station. The train waiting for us was very impatient. In those days a train went when all the promised passengers were aboard. Sitting bolt upright in a dirty compartment, thronged with refugees who insisted on having all windows closed, and so made the atmosphere simply unspeakable, we passed Northwards through the night. At Lapovo there was no sign of life. Dressing station, everything, was gone, and so we turned South to flee before the enemy—the last Serbian train that passed through Lapovo.

In the morning we got sight of the rest of our party (who had left twelve hours before us), and so we joined them in very much more comfortable quarters. The railway was a perfect scene—refugees in many varied garbs, and with many varied packages, getting in and out of trucks as it pleased them—being pulled along for a bit, then stopping for a few hours. Matron came to tell me she had found such a lovely wagon (open) with “nice square boxes,” where we might take our blankets and have a rest. It was a perfect aeroplane day—nice and sunny—so in a short time along the aeroplanes came. There was great excitement. The refugees crept under wagons, and we smiled, as it never seemed to occur to them that it was the railway the enemy wanted. It never occurred to us that the “nice square boxes” were full of ammunition! Nothing happened, and the evening wore into the night—a lovely, still night, with the faintest light. The train went on a bit and halted. Flying figures appeared coming from over the fields and climbed into the trucks. Some left—more came. Some of the retreating army joined us, a row a little way along the train, a soldier running, the report of a gun, he falls and it is all over. Then, out of the nowhere there appeared huge, dark figures climbing over the edge of our truck with the “nice square boxes.”

“Parlez-vous?” No answer. “Sprechen-sie Deutch?” No answer. “Goverite-le Serbski?” They were Russians. We got down and joined our own company, and saw no more of the excitements of the night.

One o'clock a. m., and a cry that we were on the wrong line! Shunting and joining up of carriages, and off we are, only to find that those in charge of the bedding wagon have been taken away, dear only knows where. Travelling isn't exactly pleasure in time of war!

Krushevatz on Wednesday amid pouring rain. We had done forty miles in three days. The first two nights two of us slept with the Lazarovatz unit. We were 24 in a small room on very dirty straw. We washed, ate, drank, cooked and slept in the one place. It was delightful! At night we were so closely packed that it was impossible to move without disturbing the person next, and under these circumstances one gets an almost uncontrollable desire to wriggle. To add to our comfort we had a huge dog belonging to one of the party, the cook and her husband. How thankful I was to rejoin our own party, where we had a trifle more comfort. The booming of the guns came nearer every day. We got charge of a small hospital in town, where we found a lot of our old patients, and



some fresh ones. We had such a time cleaning it till, with our bright red blankets, everything looked much like home. Daily, men on their way South poured in to be dressed. One elderly officer, in telling us that Serbia was done for, completely broke down. Krushevatz was the last stronghold.

At this time the Chief called a meeting of all the "Scottish women" in town. Would we stay with her, or would we retreat over the mountains of Montenegro? It was a difficult question. Already some of us were of opinion that no stand was to be made by the Serbs outside Krushevatz, as day and night the army and its transport had been pouring Southward through the town, almost like a rabble mob let loose. However, if there was to be work, there was little option for the doctors; and the Sisters who had been longest in the country also decided to stay. The "trekking party" had very great difficulty in getting oxen-wagons, and it was only on Saturday, the 6th November, that the last of them went, taking in their charge Daniels, a wounded Englishman, whom we had taken from Kragujevatz. In the early afternoon, Gordon Smith, correspondent for the *Daily Mail*, stepped in to say good-bye, bringing with him ten little pots of jam and the good assurance that the German Commander was an absolutely good fellow, quite humane in fact, and we would be all right.

The house in which we stayed at this time was quite outside the town, close to the railway and beyond the large military hospital. On the sixth we had a very busy day, and we all had tea in the Hospital. In the afternoon a rattling, just like machine guns, began, and was interspersed by loud reports. On, on, on it went, and we became aware the town was being shelled. Quite early in the afternoon the railway bridge had been blown up. As the noise became louder and louder, orders were given to have the patients removed down-stairs from the upper flat, and when we had just about half of them down there was a terrific explosion. The huge front double door of the Hospital fell in, all the windows came in, and all the lights went out. Immediately we got light and some sense on the subject, there was the question of the night nurses—they were over in the house. An officer stepped in to tell us it was simply the Serbs blowing up all the ammunition trucks on the railway. However, the Chief would allow no one to go out of the Hospital, which was by this time full of men taking refuge. In about half an hour the night nurses appeared, together with another Sister who had happened to be with them. Their faces were badly cut, and they were a bit shaken, but that was all. Their own story was that when the row began they didn't know whether to come to the Hospital or not. Sister W—— went to the door to see what she could, and called to the others to come as there was a red glow in the sky—and with that came the explosion. The movement to the outer door saved their lives. The whole building seemed to crash in. Huge double doors twelve feet high were thrown down; windows came in, frame-work and all. All three were thrown to the ground,

and when Sister W—— came to, it was pitch-dark and silent. She thought the other two were dead, but on calling to them they answered, and, not knowing or seeing exactly what had happened, they hurried from the house, through the town to the Hospital, passing several dead bodies on the way. When things quieted down a little, there came the question of food. For two days we had been very badly off for food. We had no bread, and the few stores we had were in the house. Of course, we knew looting would begin at once, and what was to be saved must be saved. Accordingly, three of us set out. Where the shells had killed people they still lay on the road. Crossing the fields towards the house, the Apotek from the Serbian Hospital made up on us and told us to bend as low as we could and run, as the wagons were still on fire. We found the house a wreck, and climbed in over fallen beams and doors, etc. We rescued what we could of food and returned to the Hospital. As things were still quiet, the whole party set out and not too soon, as when we arrived this time the looters had already been there, and many of our goods were gone. That night most of the party slept down-stairs in a small room, but, space being rather an asset, three of us went up and slept on the dressing-room table. Next morning, when we went out, the Prussian Guards were surrounding the monument in the centre of the town. White flags were flying from nearly every door—the civilians were going about with white bands on their arms. That morning we went on with our work as usual. Numbers of civilians, wounded the night before, came in to be dressed, and have bits of shell extracted. Some, too badly wounded, had to be attended in their own homes. A severe secondary hæmorrhage caused a little excitement, but most of the party were helping to remove bedding, etc., from the house to the Hospital, and the Chief was away trying to get a house in town for us to live in, as room in the Hospital was scarce. The Germans poured, and poured, and poured into town. Within two days the streets had German names. A German plan of the town was in circulation. The regiments passed through unendingly. Sometimes crack regiments, now regiments of tired and weary boys, heavily laden. Now a battalion passed through, singing all the way, and so on through the two long months we were there. Transport by motor, great, heavy motors, till the roads, which, on the sixth November had been smooth and beautiful, were broken up, rutted and had to be constantly repaired by prisoners; transport by horse-wagons, but never transport by oxen-wagons—that was now a thing of the past. One day I remarked: "Those Germans are *very* efficient." "Beastly efficient," was all the answer I got.

But to return to my tale. On Sunday the 7th, we went over in the evening to the magazine where the most of our personal belongings were, together with some Red Cross Stores, for Krushevatz was all the length our boxes had gotten on their homeward way. Here we found just "an awful mess." Everything was looted, and the chloroform, formalin, etc., bottles, broken. It was impossible to stand inside more than



a minute. We had nothing left now but our hand-luggage, which in the days to come we found heavy enough. Dr. Inglis managed to secure a house in a very filthy condition, so on Monday two of the Sisters went down to clean it. They said that before or after they never were in such a place. All day spent in cleaning. In the evening, six Sisters, two chauffeurs and Doctor I. went down, taking their bedding, etc., with them, to spend the night. After several journeys, and when they had got themselves nicely settled down, in came some Germans, took possession, and ordered them out. In the Hospital we were just dozing over when they all came stumbling along, under all their possessions—a breathless, sorry lot. They had been put out and allowed to leave nothing behind them. And so ended our first eviction.

Tuesday morning we got notice to clear all the upper floor of our Hospital, as we were having German wounded that evening. Some German officers and doctors came round. They said the wards were beautiful, the "Privialisti"—half of which we used as a theatre—very well arranged. Every compliment fell with an ominous thud. That evening our Serbs were crowded down-stairs and the Germans arrived. Most of the men were nice enough, but some of them could scarcely conceal their sneers at the "Englanders." Next morning we did our outpatients, then our Serbs, then our Germans. At noon the order came to clear out. Where to? There was a room in the top of the Municipal Buildings, but this Dr. Inglis pronounced uninhabitable—the smell and dirt being simply dreadful—besides which, it would not hold us. And I may here say that the place which we would regard as being *unlivable* in was really past speaking about. Dr. Inglis went out to see if she could not get somewhere, and told us not to move till she returned. We all packed, ready to go. As by this time we had been days without bread, and we seemed to have forgotten the taste of meat, one of the Sisters, while we were standing about, hit on the idea of scones. She procured flour, etc. Those were the days that when anyone procured anything, all the rest had the sense never to ask "How?" There was a fire in the back yard where the Germans were slaughtering an ox for their own consumption. As we were ready to go, while the scones were in operation, some of the Sisters went to the Municipal Buildings to try and get the room in some sort cleaned out. Suddenly in burst a German officer on us and told us time was up—out we must go. We told him that the minute we received notice Dr. Inglis had gone to get us quarters, while we packed (although we had no personal belongings we still had equipment). His temper rose. What about the Municipal Buildings? We told him the place was filthy. He simply blazed. One girl was so frightened that three packs which before or after she never shifted at one time, she immediately lifted and did not stop till she was inside the buildings. The rest of us found ourselves, bedding and all, within five minutes on the street. This was about 3 p.m. All the equipment possible we got out, but the Hospital beds remained, and I guess there are Germans in them

till this day. The German orderlies were very sorry for us, and voluntarily carried a lot of our stuff over to the buildings. A drizzly rain began and the Sister and I who sat guard over these goods only saw the last of them off on our single ox-wagon after ten that night. Even if we had to climb over each other to get in, we were glad to lie down. So ended eviction the second. It was really like old times in Ireland, when a peasant found himself outside on his goods.

Next morning (the other junior doctor, I may mention, had developed jaundice, and was off duty), Sister and I went to dress our patients who had come with us. Hot water was a great difficulty, and while some German Tommies were heating some for us at their own fire, we saw a loaf—a real loaf—going round a corner. Quick as thought we gave chase and, catching up on the owner, demanded to know where we could get bread. What a hunt! We left two other Sisters still pursuing the bread as we returned and did our dressings. The buildings were full of refugees, but our men were in a room by themselves. Dressings were just finished when the order came: "Be out of here within two hours," and not the slightest indication of where to go. Again Dr. Inglis went to get quarters, and we, having learned our lesson, had equipment and everything down and out within the specified time. It was now about 10 a. m. After what seemed an interminable time, Dr. Inglis came back with word that we had a room in the Serbian Military Hospital, over a mile away. (Some of our Sisters had been working there). There were no wagons to be had, and there was nothing for it but to carry, and carry we did. Our equipment was to be handed over to the Serbian Hospital, and so we had no small task before us. Just as night fell, Dr. Inglis managed to procure some ox-wagons from the German Commander—our own and only one having been taken away the night before—and again Sister and I found ourselves sitting outside on our goods and chattels, waiting the slow and laborious return of the wagons; but to-night we had each a huge chunk of black, sour bread, the result of the morning chase. That night also we had meat to supper. When we did get over to the Hospital we found our beds up, a fire burning, and, in spite of twenty-five in a room, equipment and all, felt like a real haven of rest. We were now put on diet—officers' diet! But there wasn't much of the officer about that diet! Black, sour bread!—we might have sugar in coffee if we liked, but no sugar elseway—thin soup and a bean mess with limited rough meat at lunch, and as often as not the bean mess again at night. Sometimes we had potatoes, and sometimes rice. There was no milk, no eggs, nothing at all of a lighter sort. It may sound all right to those who have never tried it, but for myself the black bread was sometimes scarcely eatable, yet from experience I knew it was better than none. And then no one grumbled. What that meant is difficult to realize. We certainly felt we wanted—oh, so badly!—to get home, but though there was generally some one or another seedy in bed, everyone seemed to enjoy life on the whole. When Susannah made scones



for tea, we all asked how many there were for each, and ate accordingly. When soda was unprocurable, she got me to prescribe soda for all my patients, which we cheerfully annexed. When "Chatty," by devious ways and much cajolery, managed at, no doubt, an enormous price—but still she managed—to procure fat and sugar, fat which we rubbed on and off our bread, and sugar which was sparingly meted out, we hailed her as a hero. When Matron complained that it was hard to go without salt, and it so cheap at home, she was only laughed at. A little syrup was a treasure trove. A stolen tin of sardines meant one each. And so the days—those days of indigestion—passed on.

The Sisters were all employed in the Hospital, but the doctors were at a loose end, and so some sanitation business devolved on us. Drains had to be cleaned, incinerators built, patients who never in all their existence had been bathed were tubbed weekly, and their clothes disinfected. The whole plateau surrounding the Hospital was occupied by thousands of Serb prisoners, without cover or shelter of any kind. The existence of misery they led was indescribable, as was also the filth amongst which they lived, and to put it mildly, the whole place stank. The Hospital itself possessed the most villainous sanitary appointments it has ever been my lot to behold.

The glorious sunsets, the hills all around the town standing out picturesquely against the soft colouring of the sky—the purple, the blue, the pearly greenish-yellow—then the night, glorious in moonlight, or the deepest of deep blue vaults strewn with stars—how incongruous it all was. Even the Germans remarked on the strange beauty of the place. And now there was an outbreak of diphtheria in the town, and I found myself in charge of an isolation block, a small cottage quite a quarter of a mile from anywhere else, close to our old house, now deserted. This was the only corner by which Serb prisoners could hope to escape, and night after night we could hear the reports of guns as the sentries fired after some escaping prisoner. The mortuary for the Military Hospital was the end room of the cottage, and often in the morning a body lay where there had been none the night before. We asked no questions; we dare not, and on the night of heavy frost, when from exhaustion and exposure five bodies lay there, we felt rather badly. About this time we were asked those who wished to go home, and those of us who did signed a paper. We were informed we were prisoners. We realized we were only doing work which relieved the Germans, and the work we did do was not on scientific lines, so there was no sense in staying. At this time also our old house was cleared out and made the quarters for German troops passing through. Nightly one or two German petty officers used to call in and ask quarters in our cottage. I had great difficulty in putting them off even after explaining that we had only infectious diseases, and so could take none in. The Germans also, especially their bigger officers, seemed to have an infinite faculty for taunting. I remember one who, during a conversation, pointed to a lot of the

wretched prisoners who were sitting about, and said: "What a nice time we could have, now, with these gentlemen, our friends the Serbs!" of whom we must be very fond. Also another brutally taunted one of the Sisters about the fine time they would have when they came over to England; how they would enjoy themselves. Then we were told by good authority that we were to be kept in Serbia till we had prepared all the Serbs for transport, when we would be sent on to work in Germany. About this time the head of the German Red Cross called us together in the yard, addressed us, told us we were prisoners, but said he would do his best to get us home. We signed a paper, but nothing came of it. About this time also, I had great trouble with a Serbian priest who stayed over at the cottage. He was in reality in German pay, and used to ferret out men (Serbs) who stayed in Hospital after they were well. He also suspected those of us at the cottage for helping prisoners to escape, as I have before said it was the only point where an escape could be made. We also found out that through this man our isolation block was to be transformed into a place for the treatment of prostitutes. Tall and handsome, with little crooked Stoian—his tool—following him about like a double, burying the dead only for the money he could realize from it, this man was the very incarnation of evil. It did become a little bit of a strain on one's nerves having to live in the same building as this man, with at first, no door to our room, and later a door that didn't fasten properly. However, at this time typhus broke out and we got two cases in. The German Tommies were removed from the building opposite, and we missed them, though we had never spoken to any of them, for a Tommy of any army whatever is generally a decent, good sort of fellow. Poppa, in his fear of typhus, cleared out into the opposite building—a great relief—and all our other patients went.

The Austrians now came into command and we again petitioned to be allowed to travel home. Personally, we found the Austrians nicer to deal with, but it was a wearisome time. Everyone seemed to have dysentery or indigestion from the feeding. When our typhus cases were over we got typhoid in. Most of the cases sent in as typhoid were, however, pneumonia, coupled with a form of dysentery due to exposure and bad feeding. One evening our English-speaking *bolnichar* rushed in to tell us that Aristo (our favorite *bolnichar*) had had a tussel with Poppa, and that the Austrian guard were after him. Radovitch stoutly averred that Aristo had escaped to town. Were he caught running he would be shot. To have an "unknown" shot was one thing, but the portly, merry Aristo, in his blue and white butcher's coat—it was quite different. Then the guard were in on us—the Hospital was searched. I can still see them rushing round all the possible hiding places, now over to the building opposite, followed closely by Sister J—, determined to defend Aristo at any cost, and Poppa as determined to have him shot. The search ended—no Aristo. About an hour later Radovitch slipped in with the news—Aristo is back. "Oh, bring him in!" was the



general cry. Aristo came in pale as a ghost. He told us the tale. As usual, Poppa wished to take away some of the Hospital wood—wood was very scarce. Aristo resisted. A fight ensued; Aristo knocked Poppa down and jumped on him. "Sue blatta" (all mud). How we laughed. Aristo was simply unequalled in his powers of description. "But," said I, "surely Poppa can't have you up for himself stealing the wood?" "No, but for helping the prisoners to escape." This was really serious. We had diligently shut our eyes to the fact that prisoners were always willing to come and chop our wood. Aristo always had men carrying wood for him. We gave them bread—of course it was all a cover. But better far they should be shot escaping than that other life, coming in from road-mending at night with their little bundles of wood. The camp fires all over the plateau looked very picturesque on a dark night, but they were, oh, how deadly! Well do I remember the frosty night that five men were carried in to the mortuary, dead from exposure. Aristo had already seen the Commander. Although we absolutely knew nothing, we felt we could not easily get him off, so we petitioned Mrs. Haverfield, who knew less than nothing, to speak for him, and she spoke so well that next morning Poppa and Stoian were removed to commando, and we saw them no more. This is only one incident out of many.

Christmas day and we were still at Krushevatz. The Serbs had already had their great Slav day, but that we should have the same Slav day as the "Nemanshkis" was to them unthinkable. We had a great dinner. The Austrian band asked leave, which was granted, to come in and play to us. Christmas night, and all the English in Krushevatz met in the Coba, where our people lived, and here we were joined by a few of the chief Serbs. The centre of the floor had been cleared and a Christmas tree improvised. It was gaily decorated—night lights and candles. We had white bread sent in by the Austrian Guard. After tea we sang, then danced the Kola. Led by a Serbian lady to the music of combs, we hopped around at a great rate. Then we had our National Anthems—rather hard work, as Serbia was no more. Well may England vow to restore Serbia to the Serbians, could they but for a moment see a nation broken at heart—a nation without a home. Just before leaving I went down to get some rings I had ordered from the Russian prisoners. While waiting, I visited some English friends who lived in the loft above the Russian quarters. (The Russians were under cover). The sound of their evening hymn arose, now swelling, now falling gently, from 500 voices. Evening after evening went up this hymn of praise. It was strangely pathetic. Here I learned that those men were employed night after night by the Germans, digging trenches outside the town. When we had almost given up hope, on Sunday, the 26th, we got leave to go home, and on Tuesday, the 28th, at 7.00 a. m., a big motor lorry drove up. We got our goods, then ourselves aboard and off, saying farewell to Krushevatz as the morning sun burst in its glory from amongst the

clouds and lit up the snow-capped hills and the quaint buildings of the little town, with the river flowing round its outskirts—a perfect scene. Getting the train at Stallatz, we travelled with our guard comfortably to Belgrad. Arriving here about 11.00 p.m., weary and hungry, we walked the streets of this fair city, flooded with moonlight, seeking rest and finding none. We returned to the station, set our spirit lamps a-going, and having had tea, black bread and a sardine apiece, we lay down amongst Austrian Tommies, refugees, and all sorts, and so we all slept.

Next morning we went to the boat and crossed to Zemlin, but, missing the train, we spent a lovely day here, beginning it with a most gorgeous breakfast of bread and butter and tea and eggs. In the evening we were again on board, and suddenly found ourselves steaming back into Belgrad, where a girl of 19, travelling with us, was arrested as a spy. It was so quickly done, and as she did not belong to our unit, we found we could do nothing, though enquiry was made everywhere we went. We were that night taken to Sememdria. Officers came aboard and, owing to the alleged spy, began to search our goods. We were given tea and bread and sausage, and left on the boat that night. Early next morning we and all our goods were taken to the police station, where a thorough search was made, and all our written material and many other little sundries taken from us. Here we had coffee and wine and ham sandwiches given us—and such sandwiches—why, we talked of nothing else for two days. I may here state we were travelling at our own expense on a very limited sum of money. The long-trek to KeveVarr cannot easily be forgotten. We again crossed the Danube on a lugger, and, taking what we could easily carry, we set off for KeveVarr, marching in file two and two, with a soldier with fixed bayonet in front and another with fixed bayonet behind, together with our own guard and a Tyrolese policeman with his cock-tail feathers. We mustn't go out of line; when one stopped, all had to stop. "March!" and on we went again. It was quite the funniest procession I have ever heard of, and after going for over three kilometers we reached KeveVarr, where we were kept for six days under close supervision at the police station. We slept nineteen in a room on straw. The atmosphere in the morning used to be glorious—it could almost be seen—and the straw had bits of very hard floor coming up through it. The remaining two of our party slept in the cell and were more comfortable. The food, which was all we could afford, was of the lightest. Here we met the thirty-five who had gone on a month before, and we passed on to Vienna, leaving them behind. As we were only allowed to travel by night, we took two days on the way. At Vienna we were met by the police, taken to the police station, greeted as "twenty-one distinguished foreigners." We were sent to two hotels and allowed the freedom of the city.

I may say the "distinguished foreigners" were a sorry lot, with body belts as caps, packages tied up with mackintosh and rope, etc. The American Consul did his best to get us a pass to Switzerland, but as the



Consuls at Salonika were taken at this time, we were sent North to a place on the borders of Germany, called Waidhofen. We were very much afraid of being sent into Germany and interned—of course we were German prisoners. The journey to Waidhofen was very cold and slow, (seven hours), the snow was falling, and our spirits were at zero. 'Shall we ever forget tumbling out of that train, and, as had always happened, starting to hand out the packages. Two soldiers were on us in an instant, shouting to lay those down and stand to attention. We lined up two and two and were duly counted. Then, "Quick march!" and off up through the town. The whole town seemed to have come down to meet us, and how they laughed! Oh, it was horrid! We dare not step one inch out of line. Arrived in the lobby of the police station, we were again counted, "Ein und Zwanzig" why none of us had escaped! The old soldier simply chuckled over his own cleverness. Now we were interviewed by the Captain. Room, fire and light were provided, and we would call each day for five Korona for our food. Those of us who were in the Gast house had a huge meal that night—the biggest for months. Now we lived very well indeed. At first we were allowed all freedom, but, finding we considered a five-mile walk quite moderate, we were restricted to one kilometer beyond the town. We had classes in languages and sanitation, poetry competitions, competitions in fancy dress, tea parties. We got into debt having the rest to tea, and out of debt by going out to tea for a week. We just kept as busy as we could for five weeks, and then got orders to go. Madame was so sorry, and invited us all to coffee. An elderly couple with whom two of the girls stayed, wept copiously and provided cognac and all sorts for the way. We simply loved those Austrians. And so back to Vienna. Here we met all sorts of English people on their way home—our returned spy, the thirty-five from KeveVarr, and heaps of others. After much searching, we arrived at Switzerland. At Zurich we were treated magnificently, but Berne gave us a perfect ovation. They met us at the train with bouquets of flowers, conducted us all over town, to the bears, to the places where the bread for the English prisoners is made, entertained us to tea, and after dinner to wine; in the evening finished up by giving a grand set-off. And so we realized we were once more free!

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### On Oleomargarine

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Powerful dairying interests have had sufficient influence with their Governments to prevent the manufacture and use of oleomargarine, not only in this Dominion but in many of the States of the Union. And as long as good butter could be supplied to the public at a moderate price within the reach of all, no emphatic demand was made for any cheaper substitute. At the present time, however, with the greatly increased prices asked for all kinds of food material, and with the urgent necessity

imposed by the war for economy in every household, the question is asked by many: Why should not use be made of oleomargarine, which is cheap and wholesome and has a high food value?

It is a question in which physicians are much interested, and they should be acquainted with the more important facts concerning its proper manufacture and composition.

Oleomargarine had its origin in response to a desire on the part of the late Emperor Napoleon III to furnish the working classes with a substitute for butter, which would be cheaper and more stable. The prize which he offered for the discovery of such a substance was obtained by a chemist working on the Imperial Farm at Vincennes, who endeavored by chemical and mechanical means to imitate the physiological process which he supposed to take place when underfed cows supply cream of which the fat is derived in great part from the stores in their own body. By treating beef fat first by comminution and pressure and then by the application of heat of a low temperature, and finally by the separation of the stearin and palmitin from the olein by crystallization, he obtained a fat which was free from taste and odour and melted readily in the mouth. It was found to be equally nutritious as butter and had the advantage of having much less tendency to become rancid by keeping.

Large quantities of this new article of food were used in Paris during the siege of 1870 to 1871, and it then gained such a strong hold on the public as an article of food that Paris now consumes it in very large quantities. It is manufactured from many forms of animal fat, and from several vegetable oils, of which the most important are the cotton seed, sesame and soya bean oils. After its preparation it is washed with milk to give it the flavour of butter; in some grades of it a small percentage of butter is added.

Much has been said by those opposing its introduction regarding the poor grade of fats from which it is stated that this oleomargarine may be made. Such assertions are quite erroneous. When a fat becomes in any degree tainted, it is almost impossible to remove the odour of the taint, and it can no longer be used without greatly impairing the quality of the resulting oleomargarine. Oleomargarine is now regarded by all physiologists and chemists as a wholesome article of food. France, Great Britain, Germany, Austro-Hungary, Belgium, Sweden, Denmark and Italy authorize its manufacture and sale under Government inspection and control. It is especially a food product which commends itself to those who are under the necessity of practising strict economy in their family expenditure. The principal, and in fact the only objection to its use, is the possibility of fraud by the substitution of it for true butter. Legislation to provide for the official supervision of all oleomargarine made, and to ensure that it shall be sold for what it is and not for what it is not, is therefore very necessary.



## Heat as Opposed to Cold in Treatment of Inflammation

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In inflammatory conditions one important factor for the success of the leucocytes is active circulation of blood to the part affected. Heat, particularly moist heat, is an important aid. The application of moist heat dilates and increases the lumen of the capillaries, and causes an active and rapid circulation.

Cold applications act contrarily, the blood vessels are constricted, their lumen lessened and the circulation inhibited. Heat is constructive; cold is destructive. Cold relieves pain temporarily by divesting the part of blood, producing temporary analgesia. Heat relieves pain by diffusing the elements of congestion and by building up impoverished parts to normal.

Heat inaugurates resolution and promotes absorption. Cold inhibits resolution and retards absorption. Heat lessens tension of the inflamed part and tends to abort the congestion. Cold increases tension and prolongs resolution. Prolonged cold lowers the general vitality and weakens the natural resistance of the part, just when it is most needed, whereby hot applications maintain nature's own defense, stimulate the rapid flow of blood through the part, and help to counteract any tendency to stasis.

Cold retards circulation. Retardation of circulation, always present in inflammatory processes, tends toward stasis, cell death and suppuration. Heat increases leucocytosis; particularly is this true in pneumonia.

Osler says: "Of 64 cases of pneumonia in my wards, all the low leucocyte counts were in fatal cases." (Page 132 Osler Practice).

Cold applications in pneumonia throw back the blood from the surface to an already engorged lung.

Moist heat in the form of Antiphlogistine, on the other hand, relieves the congested area by increasing the capacity of the external blood vessels, inducing a hyperemia by flushing the superficial capillaries. It stimulates the cutaneous reflexes, causing a contraction of the deep-seated and co-incidentally a dilation of the superficial blood vessels, relieving the pain and congestion, lowering the temperature, reducing the pressure on the over-worked heart, and relaxing the muscular and nervous system. Acting reflexly, it greatly stimulates the normal action of the vessels in the inflamed part itself, and enables them to more readily rid themselves of the debris and establish a normal condition.

Cold increases dyspœnæ because of the contraction of the external blood vessels and a corresponding throwing back of the blood.

Heat lessens dyspœnæ by relieving the engorged lung and the over-worked heart from an excessive blood pressure.

The initial shock from the application of cold is unpleasant, while heat is highly acceptable. Irritability and discomfort are the usual effects of the application of cold. Comfort and a feeling of well-being usually follows the application of heat.—*Buffalo Medical Journal*.

## Editorial



The nursing conventions of 1917 have come and gone, and all that now remains is to see the results. These meetings were the largest ever held in Canada, every Province being well represented, and a keener interest being shown by all affiliated societies in instructing delegates. Almost every affiliated society was represented, and that, in these days when graduate nurses are few, and those in executive positions over-worked, means much. Important questions were taken up, and much real help given to the problems of the day, chiefly that pressing one of nursing aid to the scattered people of the prairie Provinces, whose need is so great. A full account of discussions and papers will be found in the *Canadian Nurse*.

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The Canadian Society of Superintendents of Training Schools during this Convention changed the Constitution and By-laws, and the name of the Society as well. It is now the "Canadian Association of Nursing Education," and has a much broader field. It is now open to all nurses engaged in education of nurses. Formerly only superintendents of training schools could be full members, with assistants as associate members having no vote. Now all assistants, head nurses, heads of school nursing departments, and all engaged in nurse education, are eligible, and it is hoped that a much larger membership will be the result of the change.

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A most interesting discussion took place after the reading of *The Canadian Nurse* report; and it was most gratifying to the Editor to hear the satisfaction expressed over the improvement since the nurses owned the magazine. The financial situation was felt to be very grave, and several suggestions were made. It was appreciated by everybody that some definite steps must be taken or the Canadian nurse would be without a journal. More efficient campaigns for subscribers will have to be undertaken, and every small place canvassed. The most important decision was the practically unanimous one of increasing the price of the magazine to two dollars a year, beginning with the September issue. It was felt that "our own" journal meant enough to the nurses of Canada to warrant the change. An assessment of twenty-five cents per member of all affiliated societies towards the expenses of *The Canadian Nurse* for this one year was also voted for by the nurses at the Convention. It is hoped that at the end of the year the financial situation will be on a better footing, and the assessment discontinued.

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It is with great pleasure and appreciation that the Editor announces that Miss Elizabeth Robinson Scovil, of Gagetown, N. B., has under-



taken a department in *The Canadian Nurse*. She is well known to all Canadian nurses as an Associate Editor of *The American Journal of Nursing*, and will be a tremendous help in the work of improving our journal. She will give us the latest news from the medical world, and will begin her department with the September issue.

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## Letters to The Editor



Dear Editor:

May I tell you how very eagerly I look forward to reading each number of the official organ of the Nursing Profession in Canada, my native land? The papers show so much thought and preparation, the suggestions along many lines are so practical and the general tone of the magazine so high, that it compares not unfavourably with the *British Journal of Nursing* and other similar publications in the United Kingdom. Reading *The Canadian Nurse* side by side with graduates of the training school founded by Florence Nightingale, one is proud that our young country can produce women who show by their writings that they are potent factors in the development and progress of this noblest of all callings for women. One realizes more and more as the war continues what an immense advantage it is to the Canadian Nursing Sisters to be associated with members of the profession who have been born and bred in the Mother Country and trained in one of the many excellent hospitals to which our Canadian doctors come for observation and instruction.

Like the New Zealanders, Australians and South Africans, although we may each prefer the distinguishing marks of hospital training in our own special part of the Empire, we in common with them are conscious of the fact that we are immensely benefited by the example of discipline, endurance and reserve power so abundantly displayed by the Imperial Army Sisters whether Q. A. I. M. N. S., Q. A. I. M. N. S. R., or Territorial.

A couple of years ago the C. A. M. C. Sister, with her faculty for initiative, was sometimes a little restive under the heavy hand of military discipline and literal obedience to regulations, but time has proved to her how absolutely necessary rigid rules are in handling the wounded on such a tremendous scale. Canadian women are above all things *adaptable*, and they have learned to re-adjust their view-point when it is to the advantage of the work in hand to do so.

Let us whisper it—who knows but the British Sister is a little bolder in asserting herself, since the advent of so many irrepressible “Colonials!” With due respect to her careful training, one rather hopes that she is—it was just the little “touch divine” needed to grace her perfection.

How many of our dear, brave Canadian soldiers will look back with gratitude, in the years to come, to their sojourn in British hospitals! And we feel sure that the family of "Atkins"—bless their hearts—will have no less kindly recollections of the "Canadians!"

The "gathering of the clans" of trained nurses from different parts of the Empire is playing an important rôle in this European cataclysm—it is an element far from insignificant, in the unification of ideals, so necessary to future Imperial solidity. Many realize this responsibility and privilege. Let us hope that all nurses may try to do so.

We of the Canadian Army Medical Corps stretch "hands across the sea" to you at home, feeling sure of the understanding, sympathy and support of *The Canadian Nurse*.

"NORTHWOOD."

Buxton, Derbyshire, England.

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#### MICHIGAN STATE NURSES' ASSOCIATION

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At the annual meeting of the Michigan State Nurses' Association, held in Grand Rapids May 22nd, 23rd and 24th, the following officers were elected: President, Miss Elizabeth Parker, R. N., 623 Ottawa Street, Lansing; First Vice-President, Miss Fantine Pemberton, R. N., U. of M. Hospital, Ann Arbor; Second Vice-President, Miss Rebecca Douglas, R. N., Calumet; Recording Secretary, Miss Christine Hendrie, R. N., Grand Rapids, (Blodgett Memorial Hospital); Corresponding Secretary, Miss Anna M. Schill, R. N., Hurley Hospital, Flint; Treasurer, Miss Katherine Hart, R. N., Lockwood Hospital, Petosky; Councillors: Mrs. L. E. Gretter, R. N., 924 Brush Street, Detroit; Miss Ida M. Barrett, R. N., (Blodgett Memorial Hospital), Grand Rapids; Chairman of Committees: Ways and Means, Miss Agnes G. Deans, R. N., 111 Hendrie Avenue, Detroit; Credentials, Mrs. Effie Tyrel, R. N., 111 Oaklawn Avenue, Battle Creek; Nominating, Miss Beatrice Graham, R. N., 121 Earldon Avenue, Grand Rapids; Arrangements, Mrs. H. B. Morse, R. N., 1608 Ninth Street, Bay City; Printing, Miss Harriet Leck, R. N., Grace Hospital, Detroit; Red Cross, Mrs. L. E. Gretter, R. N., 924 Brush Street, Detroit; Public Health, Miss Mary Marshall, R. N., Battle Creek Sanitarium, Battle Creek. The Association also elected to become affiliated with the Woman's Committee (Michigan division) Council of National Defence. Bay City was selected for the place of the next meeting.

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Miss Jean Matheson, formerly Superintendent of the Revelstoke Queen Victoria Hospital, is one of two nurses to receive the Royal Red Cross of the first class in the list of fifty Canadians decorated for gallantry last week.





## Chief Superintendent's Annual Report, 1916

(Continued from last month)

The Montreal branch has had a busy year, notwithstanding the great shortage of nurses. Efforts have been made to carry out the programme for the training of the nurses and an advance has been made. The need for extra home accommodation was felt and has been met temporarily by the renting of part of a house near the Central Home on Bishop Street. This is only temporary, however, and in the near future Montreal will most likely see a large Central Home, built specially for a nurses' home and combining all the necessary points in such a home. Montreal has a splendid field for training if it can be utilized and a sufficiently large permanent staff employed to make sure that the systematic training of the students will not be interfered with. Besides the general nursing, child welfare, pre-natal work, school nursing and social service work in connection with the settlements, the milk stations, the Montreal Dispensaries, the Bell Telephone and Northern Electric Companies have been included in the year's activities. Lectures and demonstrations have been given by members of the staff during the year, to mothers and to various societies who requested them. There has been a great advance in the close coöperation and coördination of the work of the various district committees, through the Ladies' General Committee and the Supply Committee with the Local Board of Management. The Relief Committee has been active during the year, but now, by closer coöperation with the Charity Organization Society, all relief is handed over to the Charity Organization Society.

In July Miss Olive De Lany was appointed Montreal District Superintendent. Miss De Lany, who was with the Order some years ago, comes back to us with increased knowledge of social problems and fresh experience, gained in various fields on the American side. Under Miss De Lany's guidance, the educational as well as the practical side of the

work, will undoubtedly receive attention. The Montreal Committee have put in a good reference library for the nurses.

In Ontario the twenty-eight branches all give good accounts of themselves: Cornwall reports a good year; 2,558 visits were made, showing an increase of 609. Brockville, too, had a very satisfactory year. In both of the districts the child welfare work is particularly gratifying. The Ottawa branch had a satisfactory year, notwithstanding the shortage of nurses. The Better Babies contest, held in October, was a great success, and the committee were requested by the Mayor to have it an annual event. The Arnprior district reports this as their most successful year. There was an increase in patients and in visits, and the finances are in good condition. The Almonte branch has just completed what the committee styles their most successful year. The finances are in good shape and there is renewed interest in the Hospital. The President of the Kingston Committee sums up her report of the district as follows: "Kingston district may be reported as being in a very satisfactory condition from every view-point."

The Whitby district is one of our most ambitious ones. They have had a very good year. Early in the year a small nursing home was secured with accommodation for the two nurses and one or two patients. Already the wisdom of this step has been proved. Good community work is being done by this branch, and the committee are setting a splendid example by spreading knowledge of the Order's possibilities. The school nursing is being done very well, and the committee have done good service by interesting the adjoining towns and rural communities in having the school nursing done there.

Toronto has had a year marked by many changes, by a wonderful increase in work accomplished, by marked interest in the educational side of the nurses' training and at the opening of this year we find them with practically a new staff, needing more nurses and obliged to provide much more accommodation for extra nurses, but full of hope and determined to meet every call made on them for service and for really educative training. Early in the year their very able District Superintendent Miss Fitzgerald, resigned to be married. She was succeeded by Miss M. Wallace, who was obliged to leave after a few months on account of ill-health.

(Continued in next month's issue)

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.





### **The Canadian Nurses' Association and Register for Graduate Nurses, Montreal**

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.

Second Vice-President—Miss Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Club Room, 638a Dorchester Street West.

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## **Hospitals and Nurses**



### **QUEBEC**

The following nurses in training at the Jeffrey Hale Hospital, Quebec, successfully passed their final examinations in June. Due to war conditions, the usual graduating exercises were not held: Miss Sarah M. Jamieson, Inverness, Megantic, P. Q.; Miss Margaret Bain, Bridgewater, Nova Scotia; Miss Stella Craik, Forfar, Scotland; Miss Rhoda Perry, Little River, P. Q.; Miss Gladys Hartley, Quebec, P. Q.; Miss Cecile Garon, Quebec, P. Q.; Miss Gladys M. Humphreys, Liverpool, England; Miss Hazel Dalgleish, Bridgewater, Nova Scotia.

Two more of our graduates sailed last month to join the overseas nurses: Miss Marjorie Woodley, Class '15, and Miss Ida Crampton, Class '14. Miss Purcell and Miss Mullen, Class '16, have taken their places at the Military Hospital here.

### **MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION**

The monthly meeting of M. G. H. A. A. met May 11th in the drawing room of the Nurses' Home, with a fair attendance, and Miss McNutt, our new President, in the chair. Among the items of business transacted was the appointment of five delegates to the C. N. A. convention held in this city in June, also twenty-five dollars was voted by the Alumnae toward the paying of the salary of the editor of *The Canadian Nurse*. An hour or so was afterwards spent in Red Cross work, after which the usual refreshments were served. The next meeting will be the second Friday in September, as the usual three months' holiday is observed.

Miss MacArthur, a recent graduate, has lately returned from a visit to her home in Lachute, P. Q.

Miss Hogan is back in the city after spending some weeks in Atlantic City.

Miss K. Livingstone (Class '17) has gone to her home in Winnipeg for an indefinite time.

Miss McLeod, who was head nurse in one of the military wards at M. G. H., has now taken charge of the O. D. department and Miss McGinnis, a recent graduate, has filled the former's position.

Nursing Sister Lillian Dickie, who has been on three months' leave from the front owing to illness of her mother, has now returned to duty.

Misses Bertha MacDonald and Mary Cameron, both of Class '17, have been taken on the A. M. C., but will first spend a few months in a convalescent home at St. Agathe, before going overseas.

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#### ONTARIO

The regular meeting of the Kingston Chapter of the G. N. A. O. was held June 5th, 1917, at the Nurses' Residence. Nursing Sister Wright being absent, Mrs. S. Crawford presided. Miss Claudia Boskill, who represented the Chapter at the Ontario Graduate Nurses' Association Convention held in Hamilton recently, gave an interesting report. A vote of thanks was tendered Mrs. Robinson, convener of the rummage sale held in May, for her splendid management. Over one hundred dollars was realized.

It was decided that a sum of money be donated for linen and comforts for the new thousand-bed Military Hospital to be opened in Kingston next month.

Miss C. Milton has been appointed to represent the Kingston Chapter, and Miss Pearl Martin the Alumnae Association at the Convention of the Canadian National Association of Graduate Nurses to be held in Montreal. Miss Claudia Boskill, Miss Jean McCallum and Miss F. McLeod, members of the Association, will also attend the Convention.

The engagement has been announced of Miss Jennie Allen to G. F. Lucy. Miss Allen is a graduate of the K. G. H.

Nurse Sarah Richards died suddenly at Miss Cooper's private hospital, 82 St. Mary street, Toronto, Saturday. She had retired the previous evening in her usual good health, and shortly after rising Saturday morning was seized with heart failure. Before Dr. Noble, who was hurriedly summoned, could reach her, Miss Richards had expired. She was born in England and graduated from a New Orleans hospital. Some years ago Miss Richards came to Toronto, and was a member of the Toronto Graduate Nurses' Club, 295 Sherbrooke street; of the Toronto Nurses' Central Registry, and of the Florence Nightingale Association of Toronto.



Nursing Sister Gussie Wright is stationed at Grenville, Canadian Special Hospital, Ramsgate, England.

Miss Jean Gunn, Superintendent of Nurses in the Toronto General Hospital, was elected President of the Canadian National Association of Trained Nurses at the business meeting held at the Windsor Hotel in Montreal, in connection with the Nurses' Convention. The other officers are: First Vice-President, Miss Fairley, Montreal; Second Vice-President, Miss Grey, Winnipeg; Secretary, Miss Johns, Winnipeg; Treasurer, Miss Des Brisay, Montreal; Councillors: Miss Randall, Vancouver; Miss Hersey, Montreal; Miss Gilroy, Winnipeg; Miss Dickson, Toronto; Miss Brown, Regina, and Miss Potts, Toronto.

The Lady Stanley Institute Alumnae Association gave a tea to the Graduating Class of 1917 of the Protestant Hospital on May 23rd, at the residence of the Alumnae's President, Mrs. H. A. L. Swan. Fifty-four nurses, including twelve of the graduating class, were present. A most enjoyable time was spent.

A meeting of the Graduate Nurses of Essex County was held at the home of Mrs. C. Campeau (former graduate), 55 Hall Avenue, and organized the Essex County Graduate Nurses' Association, Dr. L. G. McCabe as Honorary President, and Miss M. Robinson President. At this meeting it was decided to raise the nurses' fees to the following: General duty, \$4.50 per day or \$31.50 per week; Obstetrical work, \$5.00 per day or \$35.00 per week; Contagious work, \$6.00 per day or \$42.00 per week. For Mental, Drug, Alcoholic and Nervous cases, the nurse is at liberty to fix a price with her patient, and charge as she sees fit.

There was also organized a Central Registry, Mrs. Campeau in charge. Graduates from any training school may register by paying a yearly fee of \$10.00, and presenting their diploma.

The annual meeting of the Florence Nightingale Association of Toronto was held at the Nurses' Club House, 295 Sherbrooke street, Tuesday evening, April 3, Miss Didsbury, the president, presiding. The secretary's annual report was read by Miss Nash, in absence of Miss Wardell, who is visiting in Philadelphia. Five regular meetings, one special meeting and three executive meetings have been held during the year. Ten active members have been added to the association. The membership list numbers 86 and five honorary members, making a total of 91 members. The association, during the past year, has become affiliated with the Graduate Nurses' Association of Ontario and the Canadian National Association of Trained Nurses, and to the convention held in Winnipeg last June, of the Canadian National Association and Canadian Society of Superintendents, the F.N.A. sent its delegates. A large number of our members are overseas assisting in the great war. The following officers were elected for the year: President, Miss Kinder; vice-president, Miss Didsbury; secretary, Miss Wardell; treasurer, Mrs. Wigham; directors, Misses Edgar, Locke, Nash, Rennie, Millar, Wilson, Lowther and Linicar.

Tuesday, May 9th, St. Michael's Hospital was en feté in honor of the graduation of twenty-nine of its nurses. The hall was decorated with red and white streamers and the flags of the Allies. Dr. Dwyer presided and Archbishop McNeil presented the diplomas and medals. Rev. S. Foley gave an address. Other speakers were: Rev. Father Cline, Father Berch, Dr. Douden, Dr. Wren and Dr. Silverthorne. At the conclusion of the exercises the nurses and their guests were entertained by the Sisters of the Hospital. The following is the list of graduates: Mabel Power, London; Gertrude Smith, Perth; Marie O'Brien, Grafton; Ursula Doe, Toronto; Eva Richardson, Toronto; Mamie Tuffy, Cobden; Anna Bowie, Toronto; Mae O'Donnell, Ayton; Irene Leahey, Coulson; Nora Dunley, Hastings; Anna Anderson, Toronto; Nellie Hartnett, Dunnville; Aroloa Cunningham, Moncton, N.B.; Gladys Gendren, Penetanguishene; Mary McLeer, Chatsworth; Mary Doherty, Wieldfield; Nora O'Neill, Toronto; Grace Hart, Belleville; Catharine Roney, Toronto; Sarah Jones, Colborne; Mary Black, Campbellford; Valeda Decarie, North Bay; R. O'Brien, Douneville; Eva Latchman, Port Dalhousie; Edith Atmore, Parhill; Ella Cosgrove, Elgin Mills; Helen Richardson, Toronto; Josie Gibson, Campbellford.

Miss Eva Latchman was presented with a prize for general satisfaction by Rev. Dr. Foley.

Miss Grace Morrison (Class 1901), graduate of the G. and M. Hospital, Collingwood, left Montreal on the steamship "Grampian" on June 23rd, for England, with the C. A. M. C.

The graduating exercises of the G. and M. Hospital were held in the Parish House on Thursday, June 28th, when seven nurses received their diplomas. Addresses were delivered by Dr. J. W. McCulloch, Provincial Medical Health Officer; Dr. J. R. Arthur, President of the Medical Board; Rev. Father Egan, and Rev. R. McNamara, after which a most enjoyable time was spent at the Nurses' Residence. This year's graduating class comprises: Misses Mildred Buckingham, Margaret Johnson, and Nina Porter, Stayner; Florence Arthur, and Isobel McCutcheon, Orangeville; Edna Davis, Duntroon; and Stella Heslip, Thornbury.

Miss Katie Spearing (Class 1911), was married at Port Arthur on June 15th last to Mr. Gilbert Munroe. Miss Spearing has been School Nurse for the past three years at Fort William.

The annual graduating exercises of the McKellar General Hospital, Fort William, Ontario, were held in the hospital assembly hall, Tuesday evening, May 17th, 1917. The hall was appropriately decorated for the occasion. A large assembly of relatives and friends witnessed the presentation of medals and diplomas to the six young ladies, namely: May MacDonald, Margaret McLean, Dorothy Dickison, Grace Rogers, Clara Richards, and Edna Mitchell. A short programme of musical numbers and addresses was rendered. C. W. Jarvis, M.P.P., occupied the chair and Rev. H. Irvine opened the programme with prayer. Mr. Fred Bale



in a very interesting manner outlined the relation of the hospital to the city.

The splendid report, presented by the superintendent, Miss Johnston, herself a graduate of this hospital, called for much praise of her capable management of the institution.

The graduating class of this year raises the total number of graduates of this training school to fifty-three. Of these sixteen are doing duty overseas, five hold institutional positions, nine are doing private duty, one metropolitan work, one is health nurse for the city, and fifteen are married.

Dr. L. G. McIntosh addressed the graduating class. The chief points of his excellent speech were these words: "Have pride in your profession, born of sentiments of kindness and benevolence in the minds of noble and unselfish women in the middle ages. And later, under the wonderful inspiration and devotion of Florence Nightingale, it has been endowed with scientific training, which makes the professional nurse an indispensable factor in the treatment of disease and suffering. These are the times of all times, when service is recognized and honored. Remember that you belong to a profession which peculiarly qualifies you to be of service to mankind. Nothing can give greater power and influence in the exercise of your profession than the equipment of a liberal education. I would enjoin you, in view of the relations between Great Britain and France, to make an effort to acquire the French language. Spend time on the English classics, Dickens, Goldsmith, and Tennyson, for in the words of Tennyson, 'Knowledge, usefulness, self-control, these are they which lead to sovereign power.'"

The chairman then presented the medals and diplomas, congratulating the nurses on graduating and the hospital on turning out such efficient nurses from their training school. To the senior of this class belongs the honor of having taken the highest percentage ever attained in this school.

Many tributes of admiration were paid to the young graduates, who looked very pretty, carrying their beautiful flowers.

All interested in the Hospital feel that these exercises conclude the best year in the history of the hospital.

The annual meeting of the Alumnae Association of St. Michael's Hospital Training School for Nurses was held in the Nurses' lecture hall on Monday evening, April 30th, Miss Stubberfield presiding.

In her farewell address Miss Stubberfield spoke particularly to the graduating class of 1917 who were all present at the meeting. She explained to them the aim and object of the Alumnae Association and the advantages the members derived from the association and urged them all to become members and to be active and interested in the work of the coming year.

The recording secretary read an interesting and encouraging report of the work and progress of the Alumnae during the past year.

The election of officers was as follows:

Hon. President, Rev. Mother Alberta, St. Joseph Convent, Toronto; President, Miss Mary I. Foy, 163 Concord Avenue, Toronto; First Vice-President, Miss Anna Dolan, 592 Markham Street, Toronto; Second Vice-President, Miss A. Long, 570 Sherbourne Street, Toronto; Third Vice-President, Miss Hellen O'Connor, 85 Roxborough Street West, Toronto; Corresponding Secretary, Miss Anna Connor, 853 Bathurst Street, Toronto; Recording Secretary, Miss Carrie McBride, Oxford Apartments, Palmerston Boulevard, Toronto; Treasurer, Miss Marie Galbraith, 108 Moore Avenue, Toronto; Directors: Mrs. W. P. O'Brien, 126 McCaul Street, Toronto; Miss B. Hayes, 39 Lakeview Mansions, King Street West, Toronto; Miss D. Aylward, 853 Bathurst Street, Toronto. Press and Publication Representative, Miss Grace Coyle; Secretary-Treasurer Sick Benefit Association, Miss J. O'Connor; Central Registry Committee Representatives, Miss J. O'Connor, Miss A. Cahill.

A hearty vote of thanks was moved, seconded and unanimously carried to the retiring officers for their good work during the past year.

The monthly meeting of St. Michael's Alumnæ Association for Nurses was held at St. Michael's Hospital Monday evening, June 21st. Miss Foy occupied the chair. The graduates of this year all became members of the Alumnæ and enjoyed a very interesting discourse from Miss Foy.

It was unanimously decided that Miss Foy would represent St. Michael's Alumnæ Association at the C. N. A. of T. N. Convention, which is to be held at Montreal.

Refreshments were served, and the nurses enjoyed a dance, also a few musical selections.

#### TORONTO ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL

On Tuesday evening, May 8th, the Alumnæ Association of the Toronto General Hospital gave a dance in honor of the Class of 1917. Miss Gunn, superintendent of the Training School, with Mrs. Aubin, President of the Alumnæ, received the guests of honor, the graduates and their friends. The splendid dining room of the Residence was given over to the dancers, who thoroughly enjoyed every moment. About two hundred and fifty guests were present and it was indeed a pretty sight to see the smart military uniforms of the nursing sisters intermingling with the white uniforms of the staff of the training school and the nurses on special duty, and also with the blue uniforms of the graduating class.

A number of officers from the C. A. M. C. were also present. One and all once more voted the "Alumnæ" dance a huge success and a splendid send-off to the class of 1917.

Saturday, May 26th, saw the departure of another draft of forty nursing sisters from the Toronto Base Hospital for active service overseas. Amongst the number were the following graduates of the Toronto General Hospital: Misses L. Spry, 1910; F. Hayden, 1911; B. Weir,



1911; E. C. McLeod, 1914; F. Bagshaw, 1915; D. Kinghorn, 1915; A. J. Brookes, 1916; Mabel Murray, 1916; and H. M. McLaren, 1916. This makes over 90 members of the T. G. H. Alumnae on active service, with fully twenty-five members on duty in the military hospitals in Ontario.

The graduating exercises of the Toronto General Hospital School for Nurses took place on Friday, May 18th, 1917, at 8.30 p.m. The exercises were opened with prayer by Rev. G. C. Pidgeon, followed by addresses by Sir Joseph W. Flavelle, Chairman of the Board of Trustees, and Dr. J. A. MacDonald.

Miss Jean I. Gunn, Superintendent of Nurses, gave a comprehensive report of the year's work. Lady Flavelle presented the school pins and diplomas to the graduating class.

In the Senior Year Miss Elizabeth Havergal Moss, of Dundas, Ont., won the scholarship in connection with the Department of Social Service, University of Toronto, for one year's continuation work, given by the Board of Trustees, Toronto General Hospital, and Mr. A. W. Austin.

The Dr. James F. W. Ross Scholarship for General Proficiency was awarded to Miss Bessie Gordon McLean, Carleton Place, Ontario. The Dr. H. A. Bruce Scholarship for Proficiency in Operating Room Technique was given to Miss Grace Cruise, Port Dover, Ontario.

Miss Helen Marjorie Cartwright, Toronto, won the prize for highest standing in examinations.

The Dr. K. C. McIlwraith prize for Highest Standing in Obstetrical Nursing was given to Miss Evelyn Fraser, St. Anne's Bay, Jamaica, B. W. I.

The Mrs. R. B. Hamilton prize for Neatness in Room was awarded to Miss Mary Keegan, St. Johns, Newfoundland.

In the Intermediate Year Miss Margaret Helen MacLennan, Toronto, won the Arthur McCollum Memorial Scholarship, given by Mrs. Charels E. Kyle for General Proficiency.

The prize for Highest Standing in Examinations was awarded to Miss Mildred Laschinger, New Hamburg, Ontario.

After the singing of the National Anthem a reception was held in the Nurses' Residence.

#### THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, CHATHAM, ONT.

The regular meeting of St. Joseph's Hospital Alumnae Association met in the Lecture Hall on Wednesday, June 6th at 2 p.m., with a fair attendance, Mrs. Durocher in the chair. The minutes of the last meeting were read and approved, followed by the reports from the Secretary-Treasurer. Several items of business were taken up. Before closing the meeting Rev. Father James addressed the nurses in a very pleasing manner, followed by an interesting lecture given by Dr. J. W. Rutherford.

After the meeting closed, the Superior invited the guests to the dining-room, where dainty refreshments were served. The room was prettily decorated with the hospital colours and spring blossoms. In the evening the school nurses gave a delightful reception to the graduates. The following officers were elected:

Honorary President, Mother Superior; Second Honorary President, Superintendent of Nurses; President, Mrs. Grace Hoy-Durocher; Vice-President, Miss Winnie Wildgen; Secretary-Treasurer, Miss Margaret Lydon; Executive Committee: Mrs. Fay Wing-Wallace, Miss Nellie Phelan, Miss Luella Covey; Representative *The Canadian Nurse*, Miss Nellie Phelan.

#### HAMILTON

The graduation exercises of the 1917 class of nurses of the Hamilton City Hospital Training School took place at the Nurses' Residence, Thursday, June 7th, at 3 o'clock.

T. H. Pratt occupied the chair, and his address was very brief. The devotional exercises were conducted by Rev. J. A. Wilson. A pleasing programme of music, arranged by Miss Margaret Langrill, was given, the numbers being interspersed throughout the proceedings. In Dr. Langrill's absence the Florence Nightingale pledge was administered to the graduating class by Miss Katie Madden.

Dr. Douglas G. McIlwraith addressed the class and then presented diplomas to the following: Misses S. B. Caldwell, W. B. Harvie, D. A. Belfry, H. C. Fellowes, E. M. Street, G. E. Servos, M. G. Brown, G. Baker, D. M. Cox, D. C. Gill, P. M. Donnen, D. L. Hodges, L. Waddle, A. M. Tobias, D. H. Ballingal, B. Bell, A. M. Tuck, M. E. McClory, B. Dallimore, J. Galbraith, A. H. Male, I. Churches, A. Black and W. M. Campbell. Rev. Canon Daw presented the pins to the graduates, and W. H. Wardrope, K. C., presented Miss Dorothy Gill with the Mary McLaren House Scholarship.

Forty-five graduates of the H. C. H. are now serving their King, Miss Mabel Sampson having been the first to leave Canada and to arrive in France. She is now in Salonika.

Miss Cora Taylor has been appointed to the staff of the Base Hospital, Toronto.

Nursing Sisters P. Simmons and Wilkin are at Orpington; E. J. Deyman and A. Carscallen at Moore Barracks, and E. M. Long at Brighton.

A number of graduate nurses and their friends went up to the infirmary at the Sanitorium recently and gave an enjoyable concert for the patients. Piano duets by Misses Brennan and Tobias, violin solos by Miss Alma Booker, recitations by Miss Davy, and songs by the Musurgia Quartette made the evening pass pleasantly.

Miss Sabine has been appointed to the staff of the Babies' Dispensary Guild.



Misses Kate Madden, Isabel Laidlaw and E. Liddy attended the convention in Montreal. Miss Laidlaw represented the H. C. H. Alumnae Association at the Canadian National Association Convention.

The annual meeting of the Graduate Nurses' Central Registry was held at the Nurses' Residence, Hamilton City Hospital, June 12th. Miss Annie Kerr was in the chair. The reports presented showed a year of progress. The membership is now 127. After the routine business had been disposed of, Dr. J. Heurner Mullin gave an interesting address on the work of the Baby Welfare Association, and bespoke the interest of the nurses in the field day and the exhibit to be held in the old Royal Hotel.

At the June meeting of the H. C. H. Alumnae Association, \$25.00 was voted towards the support of *The Canadian Nurse*.

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#### MANITOBA

The annual meeting of the Winnipeg General Hospital Nurses' Alumnae Association was held in May. Reports of committees were read and new officers were appointed. Donations to war work for the year were: For bed in Cliveden Hospital, \$50; for Y. M. C. A. Hut Fund, \$100; for Christmas cheer to soldiers' families, \$25; for special call for Red Cross, \$25; monthly subscription of \$5 to Patriotic Fund.

A native nurse in India is supported by the Society. An interesting letter from her was read at the annual meeting.

The Registrar reported a membership of 152; number of city calls during year, 1,055; number of country calls during year, 159; number private calls during year, 283; number of positions, 39; total, 1,536. During the year the Constitution and Registry Rules were revised.

A vote of thanks was awarded to Miss Isabel M. Stewart, Class 1902, for her excellent article, "The Nursing Spirit," written for the April number of the *W. G. H. Nurses' Alumnae Journal*.

Miss Stewart is Assistant Professor, Department of Nursing and Health, Teachers' College, Columbia University, New York.

The closing meeting for the season of the Alumnae Association was held in June. The special committee appointed to discuss the advisability of offering a scholarship to the 1918 nurses' training class, recommended that a scholarship of \$200 be offered for a special post-graduate course. After a lengthy discussion this suggestion was adopted. It was decided that in order to continue Red Cross knitting during the summer months, members should meet once a month at the usual time and place, the Nurses' Home, W. G. C., for the purpose of returning socks and obtaining wool.

Mrs. Williams, (nee Howland, Class '12), at present on furlough, gave a very interesting account of work in China, where she has been serving as a missionary nurse.

The Honor Roll of W. G. H. Nurses contains the names of over one hundred, quite a number of whom have been awarded the Royal Red Cross.

The President of the Alumnæ Association, Mrs. Laughlin, was sent as delegate to the National Convention of Nurses at Montreal.

\* \* \* \*

### BRITISH COLUMBIA

Miss E. M. Haines, who has recently finished a post-graduate course at Vancouver, has taken the V. O. District at New Westminster, B. C.

Mrs. H. C. Hanington, of Victoria, has been appointed superintendent of the Victorian Order of Nurses for all Canada. She has been in the East during the past few weeks attending the win-the-war convention and a conference of the National Council of Women, and will return shortly. On assuming her new duties she will make her residence in Ottawa, where Mr. Hanington is now living. Mrs. Hanington has for years been prominent in women's organization, notably the Women's Canadian Club, the Local Council of Women and the I. O. D. E., and by these associations her organizing ability and industry will be missed, although it is felt that her new post will give her wider and more effective scope for her ability.

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### Births

KAELLEN—Born to Mr. and Mrs. Carl Kaellen, May 14th, 1917, a daughter. Mrs. Kaellen was formerly Miss Dumouchelle, graduate nurse of H. D. H.

### Marriages

DILLON-YEATES—On Friday, June 8th, 1917, in Toronto, by the Rev. C. Sinclair Applegath, Madeleine A. R., second daughter of Mrs. and the late Ernest L. Yeates, of Toronto, to Ernest Macaulay Dillon, of Toronto, elder son of Mrs. and the late Robert W. Dillon, of Ottawa. Miss Yeates is a graduate of the Toronto G. H., Class 1914.

SAINT-JEFFERS—June 23rd, at Agassiz, B. C., Miss Adelaide Jeffers, graduate Boston City Hospital, to Mr. Charles Saint, of Vancouver, B. C.

### Deaths

WIGLE—At Hotel Dieu, June 26th, 1917, Miss Sarah Wigle, graduate of H. D. H. Interment at Leamington.

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Nursing Sister Laura Holland, 47 St. Mark Street, has been awarded the Royal Red Cross Medal, second-class, for her services in the Gallipoli campaign. She is a graduate of the Montreal General Hospital and went overseas in June, 1915. She is now attached to a London hospital.



## “The House By The Side of The Road”

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There are hermit souls that live withdrawn  
    In the peace of their self-content;  
There are souls, like stars, that dwell apart  
    In the fellowless firmament;  
There are pioneer souls that blaze their paths  
    Where highways never ran—  
But let me live by the side of the road,  
    And be a friend to man.

I know there are brook-gladdened meadows ahead  
    And the mountains of wearisome height;  
And the road passes on through the long afternoon  
    And stretches away to the night.  
And still I rejoice when the travelers rejoice,  
    And weep with the strangers that moan,  
Nor live in my house by the side of the road  
    Like a man who dwells alone.

I see from my house by the side of the road,  
    By the side of the highway of life,  
The men who pass on with the ardor of hope  
    And the men who are faint with the strife.  
But I turn not away from their smiles or their tears—  
    Both parts of an infinite plan—  
Let me live in a house by the side of a road,  
    And be a friend to man.

Let me live in a house by the side of the road,  
    Where the race of men go by—  
The men who are good and the men who are bad,  
    As good and as bad as I.  
I would not sit in the scorner's seat,  
    Or hurl the cynic's ban—  
Let me live in a house by the side of the road,  
    And be a friend to man.

Let me live in my house by the side of the road,  
    Where the race of men go by—  
They are good, they are bad, they are weak, they are strong,  
    Wise, foolish—so am I.  
Then why should I sit on the scorner's seat,  
    Or hurl the cynic's ban?  
Let me live in my house by the side of the road,  
    And be a friend to man.

—S. W. Foss.

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In Victoria, British Columbia, there is a very successful collector for the Blue Cross Fund for horses disabled in war. His name is “Prince,” and he is a beautiful Newfoundland dog. For months, with his box, decorated with the Blue Cross, strapped to his collar, Prince has served his King and Country as faithfully and as true as any subject of George V., by petitioning alms for the horses wounded and suffering in the great war. And he has done this not alone for horses, but dogs as well, for the Blue Cross, besides establishing veterinary hospitals in France and supplying clothing and comforts for horses at the front, also takes care of the sick and wounded Red Cross dogs, those noble animals that have proved themselves so invaluable in the terrible conflict.

At the outbreak of the war Prince’s master was called to the front, leaving behind his dog, who was trained to “do his bit,” and who soon developed a marvelous ability in collecting money. His favorite location was among the many well-to-do patrons of the Empress Hotel, Victoria, where he gained many admirers and willing helpers. By the courtesy of the management, and on account of his docile ways, he was allowed to attend the Saturday afternoon dances held there, always coming away with some handsome contribution to the Blue Cross Fund.

On the occasion of the farewell visit to Victoria of their Royal Highnesses the Duke and Duchess of Connaught and the Princess Patricia, Prince was presented to them, enjoying the unique privilege of receiving direct from them a very handsome donation, accompanied by many kind expressions of their approval. Princess Patricia graciously accepted the dog as a present when the Royal party left the city, but it was her wish, however, that Prince should for the present remain in the custody of his late master to carry on the good work in which he is employed. The dog’s popularity may be judged by the fact that he has been averaging \$100 in collections, monthly, a result unrivaled, possibly, by any other dog collector working for a single cause.

*Editor’s Note:*—Any kind reader wishing to help Prince in his noble work may send his contribution to Lieut. C. G. Guy, H. M. C. Dockyard, Esquimalt, B. C., who has charge of the dog.—*Our Adult Animals.*

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PUBLIC HEALTH NURSERY

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Miss Mary E. Lent, of Baltimore, associate secretary of the National Organization for Public Health Nursing, has just completed a successful trip of eight months, covering eighteen of the largest cities in the country, and creating immense enthusiasm for the spread of properly organized public health nursing.

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drifted back to New York during the past few months, Miss Lent's trip not only aroused the nurses but stimulated public health authorities, boards of trade, chambers of commerce, and made a deep impression on the public mind. Her chief message has been the centralization of social service and the organization of public health nursing as a part of the Municipal and State programme for health conservation.

Miss Lent's tour extended from Portland, Ore., to Louisiana and back again to New York. Everywhere she was received with the utmost cordiality and enthusiasm by the nursing organizations. She met with a warm reception from city officials, including mayors and commissioners of health, and was afforded opportunity to address women's clubs, boards of trade, chambers of commerce, as well as public meetings attended by interested groups of citizens. Everywhere she dwelt on the importance of securing for public health nursing the support of the City and the State, and having it substantially backed by the proper authorities.

In Los Angeles Miss Lent assisted in the reorganization of public health nursing under municipal control. In Seattle she laid the foundation for a permanent Visiting Nurse Society; she was active in Minneapolis in working out a plan for placing the nursing division under separate organizations of its own, and while there her strong advocacy of centralizing all forms of social activity made a deep impression on the authorities.—*Public Health Nursing Bulletin*.

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Regular Meeting—First Tuesday, every second month.

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 Regular Meeting—First Tuesday, 3.30 p. m.

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 Representative on Central Registry Committee, Misses Wixon and Cunningham.  
 Conveners of Committees—Social Miss Etta McPherson; Programme: Miss Rowan; Press and Publication: Miss L. Smith; Sick: Miss Goldner.  
 Regular Meeting—Second Tuesday, 8 p. m.

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 Conveners of Committees—Sick Visiting, Miss Honey; Programme, Miss E. Scott.  
 Representatives on Central Registry Committee—Misses Piggott and Rork.  
 Representative "The Canadian Nurse"—Miss J. G. McNeill.  
 Regular Meeting—First Thursday, 8 p. m.

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 Red Cross—Mrs. Hall, 237 Morley Avenue.  
 Regular Monthly Meeting, second Wednesday at 3 p. m.

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 Conveners of Committees—Finance, Mrs. McLean; Programme, Miss Buchan; Membership and Visiting, Miss Finnigan; General Nursing and Social, Miss Wilkinson.  
 Representative to "The Canadian Nurse," Miss Ada Chisholm.  
 Regular Meeting—First Monday, 4 p. m.

**THE ALUMNAE ASSOCIATION, TORONTO FREE HOSPITAL TRAINING SCHOOL FOR NURSES, WESTON, ONT.**

Honorary President, Miss E. McP. Dickson, Superintendent of Nurses, Toronto Free Hospital; President, Miss J. D. Bryden, Toronto Free Hospital; Vice-President, Miss K. Bowen, Farringdon Hill, Ont.; Secretary, Miss Nora E. Acton, Toronto Free Hospital; Treasurer, Miss M. Ryan, Toronto Free Hospital.

Programme Convener—Miss A. E. Wells, 27 Balmuto Street.

Press Representative—Miss C. I. Bobbette, Toronto Free Hospital.

Regular Meeting—Second Friday, every second month.

**THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES**

Honorary President, Miss Frances Sharpe, Woodstock Hospital; President, Mrs. V. L. Francis, 82 Delatre St.; Vice-president, Mrs. A. T. MacNeill, 146 Wilson St.; Recording Secretary, Miss M. H. Mackay, R. N.; Assistant Secretary, Miss Anna Elliott; Corresponding Secretary, Miss Kathleen Markey; Treasurer, Miss Winifred Huggins; Representative The Canadian Nurse, Miss Bertha Johnston.

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H. CARRUTHERS, Sec.-Treas.

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Regular Monthly Meeting—Third Wednesday, 3.30 p.m.

**THE ALUMNAE ASSOCIATION OF TORONTO HOSPITAL FOR INCURABLES**

Honorary President, Mrs. A. A. Jackson, 338 Symington Avenue; President, Miss Esther M. Cook, Toronto Hospital for Incurables; Vice-President, Miss Margaret M. Bowman, 29 Tyndall Avenue, Toronto; Secretary-Treasurer, Miss Alice Lendrum, Toronto Hospital for Incurables; Press Representative, Miss Margaret A. Ferriman, Toronto Hospital for Incurables.

Regular Meeting—Third Monday, at 3 p.m.

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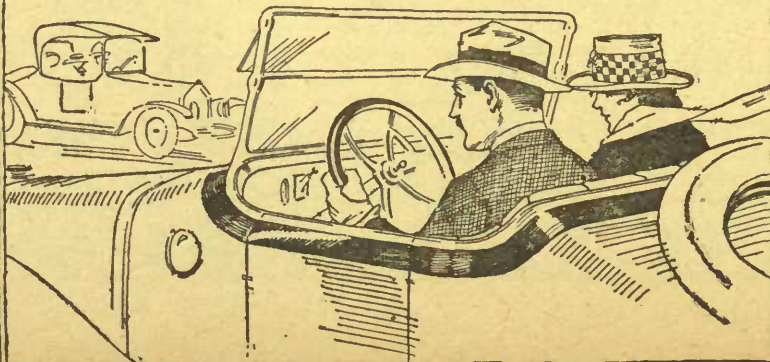
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# Sixth Annual Convention

OF THE

## Canadian National Association of Trained Nurses

Montreal, June 14th and 15th, 1917

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### OFFICERS—1916-1917

President.....MRS. R. BRYCE BROWN  
First Vice-President.....MRS. POFFARD  
Second Vice-President.....MISS M. HERSEY  
Secretary.....MISS JEAN GUNN  
Treasurer .....MISS DESBRISAY

### COUNCILLORS

MISS BELLA CROSBY, MISS GOODHUE, MISS M. E. RETALLACK,  
MISS TILLEY, MISS MADDEN, MISS GREY, MISS RANDAL.



# THE CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

VOL. XIII.

VANCOUVER, B.C., AUGUST, 1917

No. 8

## THE SIXTH ANNUAL CONVENTION

OF

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED  
NURSES, HELD AT ROOM 159, WINDSOR HOTEL,  
MONTREAL, JUNE 14th and 15th, 1917.

MRS. R. BRYCE BROWN, President, occupied the chair.

The meeting was called to order at 10.30 o'clock a. m.

MRS. R. BRYCE BROWN: We have had a very strenuous year owing, perhaps, to taking over the "Canadian Nurse," and, if I attempted to tell you anything about our trouble, I would anticipate our Editor's report, as she has done a tremendous amount of work during the past year. I don't know whether you realize that in taking over the "Canadian Nurse" we took it over with only one person to do the work; that was our Editor and Business Manager, Treasurer and Secretary and Stenographer and typewriter and everything else, and Miss Randal has done this faithfully during the entire year. Up until Christmas time we were paying her the handsome sum of fifteen dollars a month. I am thankful to say that through the kindness of Toronto we have received \$150 just before our meeting here, and I was able to give Miss Randal a cheque for the entire year, as we had decided that she was to get a salary of \$50.00 for the first year. We know that is not a fair salary, but we did not want to handicap ourselves with a bill we could not meet; so that to-day we come to you with a clean sheet as far as our salary is concerned. If it had not been for Toronto's generosity, of course, this could not be done. Our publishing bills are heavy, as Miss Randal will show you in her report. Paper has gone up at an alarming rate, so when your "Canadian Nurse" comes to you you can realize we cannot get the paper we wish for the price.

I think in this terrible time of war there are so many things coming up that have to be done for our soldiers that it requires a great deal of study to handle all subjects effectively, and of course we have to decide which is the best thing to leave undone, and it always seemed to me that Red Cross work came first. I may be biased in this, but I have done only what I thought was the right thing in my own mind. If you have any criticism or anything to offer in the way of helpful criticism, I hope you will give it to us. That is why we come together, to get the opinion of the different nurses and how it looks to them.

I do not intend to give you a long address, because it is apt to interfere with the other reports that come in. Miss Randal has a heavy report, and our Secretary also. The letters she has written during the year are numerous, and on many occasions she does not get the courtesy of an answer. I think we all owe Miss Gunn a very hearty vote of thanks for the three years' work she has given this Association. (Applause).

The reading of the Minutes we will have first, and Miss Gunn's report as Secretary, and the Treasurer's report. We know she has no work to do except go to the Bank and incidentally see the Bank Manager! She will give her report and tell us later on how she managed her books this year. She did it very well, I can tell you; I have had inside information.

The Minutes of the last meeting were read by Miss Gunn, Secretary, and were declared adopted as read.

The next will be the report by the Secretary, Miss Gunn:

#### SECRETARY'S REPORT, CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES, JUNE, 1917.

The last Annual Meeting of the Canadian National Association of Trained Nurses was held in Winnipeg on June 15th and 16th, 1916. The first executive meeting was held in Winnipeg on June 17th, 1916. The following committees were appointed:

Arrangements—Miss Phillips, Convener, to appoint her own committee of five members.

Publication—Miss Randal, Convener; Miss Johns, Secretary.

Eligibility—Membership: Miss Goodhue, Convener; Miss Gilroy, Miss Tolmie.

Programme—Miss Breeze, Convener, Vancouver; Miss Colvin, New Westminster; Miss Young, Montreal; Miss Jean Brown, Regina; Sister Wagner, Winnipeg.

Nominating—Miss Locke, Convener, to appoint her own committee.

War Committee—The same committee and officers were reappointed. The following members were added to the committee: Mrs. R. B. Brown, British Columbia; Mrs. Armstrong, Alberta; Mrs. Westman, Saskatchewan; Miss Gilroy, Manitoba; Miss Madden, Ontario; Miss Phillips, Montreal; the Acting President of the New Brunswick Graduate Nurses' Association and Nova Scotia Graduate Nurses' Association.

The President, Mrs. R. B. Brown, was appointed Convener of the committee to revise the Constitution and By-laws, and to incorporate the Association. Mrs. Brown was to appoint her own committee.

Mrs. Tilley was appointed Convener of Committee on the advisability of introducing midwives into Canada. Mrs. Tilley was to appoint her own committee.

The following committee was appointed to assume responsibility of transferring the "Canadian Nurse" magazine to Vancouver:

Toronto—Miss Locke, Convener; Miss Crosby, Miss Christie, Miss Gunn.

Vancouver—Mrs. Brown, Convener; Miss Randal, Miss Judge.

It was decided to ask each Province to appoint a special Canadian Nurse Committee, consisting of three members, one to secure subscriptions, one advertisements, and one articles for publication.

The work of the Association has been carried on entirely by correspondence, as the members of the council were too far apart to allow executive meetings to be held.

It was decided at the last annual meeting that this Association would apply for affiliation with the National Council of Women. The application was sent, and the association became affiliated as was suggested.

The work during the year has been largely connected with the "Canadian Nurse," which will be reported in detail later.



The work assigned to the different committees will be reported by them and need not be considered with this report.

It was seconded by Miss Kinder, of Toronto, that Miss Gunn's report be adopted.

On motion said report was declared adopted.

The Treasurer's report was read by Miss DesBrisay, and on motion was declared adopted.

#### TREASURER'S REPORT, 1916-1917

##### Receipts

Balance on hand .....	\$ 461.21
Received in Fees .....	262.65
Received C. N. Fund .....	710.00
Discount allowed .....	.75
Interest .....	9.03
Total .....	\$1,443.64

##### Expenditure

Purchase of C. N. ....	\$ 500.00
Telegrams .....	12.92
Stationery .....	10.60
Pictures .....	2.50
Express .....	8.45
Publishers .....	476.60
Petty Cash .....	31.30
Returned .....	6.10
Typing .....	38.60
Cheque not honored .....	2.70
	\$1,087.77
Balance in Bank.....	355.87
Total .....	\$1,443.64

HELEN DesBRISAY,  
Treasurer.

MRS. R. BRYCE BROWN: I might say that Miss DesBrisay and I were considerably worried during the year, as the Canadian National had to pay the bills for the "Canadian Nurse," and we had to pay the printing out of our treasury, so it made the "Canadian Nurse" just a little expensive at first. Of course, now the "Canadian Nurse" is carrying itself. Is there a seconder?

On motion the Treasurer's report was adopted.

#### COMMITTEE ON ARRANGEMENTS

MISS L. C. PHILLIPS: The only thing I can say is that the work so far is the entertainment you already have had. There is still more to come.

MRS. R. BRYCE BROWN: I think the entertainment provided by the Montrealers shows a tremendous amount of work on the part of the committee, and I know the amount of work that committee has had to do to entertain us as they have. I am sure we are very grateful for what we already have had, and, as Miss Phillips has said, there is more to follow.

## PUBLICATION COMMITTEE.

MISS RANDAL: The only report I have to give on the Publication Committee, I consider will be chiefly taken up by the report of the "Canadian Nurse." In addition to that the Women's Page of the "Canadian Century" belongs to us, and first of all it was turned over to Miss Johns, and Miss Johns has turned it over to me. I still am in doubt as to what they want in there. I really did not see where the nurses' page was coming in, and I had not the time to spend on it. I move the adoption of the report.

MRS. R. BRYCE BROWN: I think when Miss Randal is in Toronto the next time she might see Mrs. MacIver and get an idea of what she really does want. Miss Gunn says she knows all about it. Would you like to hear from Miss Gunn?

MISS GUNN: I have heard a great deal from the "Woman's Century" Magazine. Mrs. MacIver is Editor in Toronto, and she is very anxious to have the Nursing Profession represented in the Magazine. They have been very anxious to have articles, and they have asked us—I think the first request came at Halifax three years ago, and since that time I have been spasmodically sending them articles for publication. Very few articles have been sent. Last year they revised the Executive of the magazine, and they were anxious to have every profession of women represented on the Executive Council, and they asked me if I would serve on the Executive Council, as I was Secretary of the National, resident in Toronto, and I said I would be very glad, if I could be of any assistance, and it had to be decided almost at once, so I accepted this office on the "Woman's Century." After I had accepted it I found it involved the purchase of shares in the magazine, and being a "good sport," I bought shares. I am at present a shareholder in the "Woman's Century" Magazine, therefore I want to boom it a little. I explained to them that I could not represent the nurses of Canada. If I went on I simply went on as a nurse, and I thought it would be better to have one nurse on the Council than perhaps to have some other member appointed who was not very familiar with nursing affairs to-day. They were anxious to have a nurse and they made up their minds to have a nurse, so I thought I might as well accept the appointment, and I think if we can arrange to give them material that it would probably prove a great benefit to the nurses and to ourselves. They are very much interested in nursing affairs, and in almost every province throughout Canada we are struggling for registration for nurses. I think that has been one trouble, that the nurses all through Canada have been keeping things too quiet. They do not believe in publicity; they do not like to get into the newspapers. Registration means absolutely nothing to the majority of the people, and until we educate them we will never get registration. I am convinced of that in Ontario. It seems to me when that magazine that is owned by the National Council of Women in Canada goes to the thinking women, the women who are interested in it and are the



thinking women of the community, and now that we have the vote I think the time has come for us to support a magazine of the women's professions in Canada for our own benefit, and I am sure if we had the National Council more interested in legislation for nurses we would be much nearer our goal than we are to-day. Therefore I would feel very badly to see the page dropped in the magazine. I think we would get much more in the way of publicity from the "Woman's Century" than the "Woman's Century" would get from us.

MRS. R. BRYCE BROWN: It is hard for anyone who is not in touch with what the nurses are representing to do this work, I am sure, and we are very grateful to the "Woman's Century" for choosing Miss Gunn, and we are glad to have her there, especially if she has five shares.

The next is a report of the Programme Committee. Miss Breeze, of Vancouver, is not here, but the programme speaks for itself. Miss Breeze had a great deal of difficulty in getting the programme ready. People said they would send her papers, but they would not send her the titles of the papers. However, as long as the programme is here in time for our meeting I suppose we have nothing to complain of.

### REPORT OF SPECIAL COMMITTEES

The first is the "Canadian Nurse" Magazine, by Miss Randal.

I want you all to listen to Miss Randal's report and discuss it afterwards. I want you to remember that Miss Randal needs your help and your interest, and, if you do not take an interest in it, it is not going to help us very much for the next year.

### REPORT OF "CANADIAN NURSE" MAGAZINE

In presenting this report, I am going to put things very plainly, even if they are not the pleasantest things in the world to hear. I feel that now we are in a position to face facts and realize just what owning this magazine has meant and will mean to every nurse. When in June, 1916, at the Convention in Winnipeg held by the C. N. A. it was decided to buy the magazine from its former owners, I am sure that very few of us really understood the situation or just what this purchase really meant. I for one, with many others, thought we were buying it from the Commercial Press, when in reality we were dealing with the "Canadian Nurse Editorial Board." If we had taken this in, I think we would not have worried over the price paid to the Commercial Press, but would have left that to the Board to arrange as they chose, and would have asked the Board more questions as to the matters to which I will refer.

When, in the end of August, I received the material sent on from Toronto, I found that indeed we were to make bricks without straw. No stationery of any kind; very little information as to advertisers, and none of any value as to the expiration of their contracts; mailing lists filled with names of subscribers who had not paid up or who were receiving free copies; no means of looking up subscribers' names except by going through the entire box of cards, where the names were only filed as to their Postoffice address; no books showing when advertisers had paid; advertisers' rates sent, proving to be much less when bills were sent to them than appeared on the list; and, worse than anything else, no plan made to pay us, or rather repay us, for the advertising matter in the September issue paid to the Commercial Press by those advertisers paying every quarter, or for the four months' advertising we had to give to those who had paid the previous owners in January, 1916, for a year in advance, to say nothing of the subscriptions for various lengths of time ranging from one to eleven months. The loss of one subscription may not seem very much, but, when put together, making, at a

very minimum estimate, some three hundred dollars. I wrote to the Post-office in Toronto to send on all mail to me, but, in spite of that, letters continued to come from would-be subscribers asking why they had heard nothing of money sent to Toronto for subscriptions. Due to my understanding that we were dealing with the Commercial Press, I wrote to them repeatedly asking for money that was due us, and very naturally they paid no attention to me, their sale having been made to the Editorial Board and not to the C. N. A. They continued to receive mail, open it and keep the money till they were ready to send it on to me, causing endless trouble and a very wrong impression to be given to would-be subscribers who got no reply to letters or receipt of magazine. After some time, in January, at one time alone over thirty-seven dollars was sent on to me with a list of names and letters going back to September.

The money due us from advertising, taking the four months that we had to carry those paying in advance for the year, and the month paid in the quarterly payment, would be, at a very conservative estimate, one hundred dollars.

We were then, in September, face to face with the problem of getting a complete set of stationery and of paying the printing of the September issue, with not a cent in the treasury. The bills for both September and October were met by the C. N. A. sending cheques for the sums needed for printing. In the meantime I was endeavoring to get a line on the advertising, and in November I was thankful to be able to pay from our own funds the monthly bill. The subscription list, when we got it, had 1300 names on it, but over one hundred of these were either for advertisers, agents, complimentary copies, or those sent in exchange for other magazines.

Expiry sheets were made out and mailed to all those whose names had been on the list and whose year had expired. This took many stamps and the result was most discouraging. Of course so many had gone to the Front, but somebody was receiving their magazines and not reporting change of address.

At this time the C. N. A., through the President, made an appeal through the magazine, and the Secretary wrote each Province to organize and see what could be done. Committees for subscriptions, advertising and sending of material to the "Nurse" were formed, and here let me say that, while some have worked most constantly and energetically to help, other Provinces have not show the interest we hoped to have by this appeal. However, the subscriptions continued to come in slowly, and many encouraging letters were received from all over Canada and the United States. I was most ignorant and felt a mere amateur at the work, and was most grateful for the help given me by those who had gone through much the same hard time in the United States getting nursing magazines on their feet. By Christmas time I had got the new filing system under way, and by the end of the year I hope to have it in such a shape that the work of looking up names for expiry notices, etc., will not be so difficult.

At this time we had a few more dollars in the bank than we actually needed to pay the printers, and Mrs. Brown said that, as that was the case, I should take a small sum of \$15.00 every month to apply on my salary. This I have done since November, 1916, and \$25.00 a month since April.

The Toronto Chapter of the G. N. A. of Ontario most unexpectedly sent me a cheque in April for one hundred and fifty dollars to be used for salary or at my discretion. As we seemed to be able to meet the printer's bill (which was my nightmare for the first few months), I took this money as salary of \$50.00 for September, October and November, 1916.

Our mailing list now is 1800, but, of course, these are not by any means all paying subscribers. We have no office equipment, not even filing cases of the most simple nature, and have been using a typewriter which was loaned by a friend, who assured me that it was of the earliest type of typewriters, but has been a friend in need. A stenographer I have had to have for some extra work that I simply could not get in myself. The work which none of us understood is not so much the Editor's work, strictly speaking, but the business and clerical work, which takes up one person's entire time and attention. This is more the case now on account of lack of office equipment. I have been kept busy all the time doing nothing else but this work.

On sending letters of enquiry to other nursing journals, the great need for them, as for all magazines, is the increase of circulation, which in its turn gets more advertising. If we could only double our circulation, I am sure that the advertisers would come. Various ways have been suggested to me to do this, one is to make the subscription a part of every nurse's fee to her nursing organizations. Another to urge each Superintendent to get each



nurse on graduating to take the magazine for at least one year, the feeling being that nearly every one would renew. Whatever method we employ, may I say that some way must be devised. Our rates for advertising are very low, too low to make it the source of revenue it ought to be. Again, many feel that a really good magazine cannot be published at so cheap a subscription price as one dollar a year. These are all ideas which you must take into consideration during the discussion on this report. This year has been one of much work and worry over our financial condition, but we have gone through it, and it has brought to me as the Editor many happy memories. So many letters of appreciation, suggestions and practical evidences of wanting to help. Several nurses have added an extra dollar to their subscription, and Toronto and Quebec City Associations have made donations. We have had the satisfaction of carrying our journal through the very hardest kind of a time, when paper has been both scarce and expensive, and everything else correspondingly expensive.

We have made friends, and I feel that most of those who have become new subscribers since we took it over will not leave us. But more work remains to be done, and the Provinces and Associations that are not doing their share will, I hope, see their way clear to doing more, for it is not fair to leave this burden to a few.

I add to this the financial statement for the nine months, and, in conclusion, will say that at the end of this time as Editor, I am pleased to say that by the help of the Toronto Chapter of the G. N. A. of O., and the payment of the first two months' bill by the loan from the C. N. A., we have met all bills promptly, and just as I was leaving the President handed me the remainder of the money, giving me the fifty dollars a month that was settled as a start on a salary for the Editor. Our great need is a modern typewriter and office equipment. Our thanks are also due to the publishers, Messrs. Evans & Hastings, who have done all possible to help me in my amateurish attempts to manage and edit a magazine. To all of the nurses I can only say that it has been most interesting, and I have made many acquaintances through the mail. I really think we have done well to carry on the business as we have. We now should be able to work along on a business basis if each nurse in Canada subscribes, and if the Superintendents of training schools take the matter up with the graduating classes. I have enjoyed much about the work, and am so glad that the nurses now can have their own nursing journal.

Respectfully submitted,

HELEN RANDAL.

#### FINANCIAL REPORT FOR NINE MONTHS

Received .....	\$2,014.52
Deposited .....	2,002.76
Printers' Account .....	1,353.75
Editor's salary .....	500.00
Stenographer .....	10.00
Refund for cash, Henry Dix & Co.....	7.50
Petty cash for stamps, bank discount, customs, etc.....	143.00
Bank balance .....	311.00
Printing and Office Stationery Expenses for September and October, 1916, (paid by C. N. A.).....	486.00
Presented by Toronto Chapter G. N. A. O. ....	150.00
" " Jeffery Hale Hospital Alumnae .....	5.00
" " Individual Nurses .....	2.00
For Printing Report of C. N. A. Convention.....	50.00

MRS. R. BRYCE BROWN: I am sure you will all realize, after hearing Miss Randal's report, just the amount of work that has been done, and I want you to discuss this report and give Miss Randal any assistance you can. Before you do that I was wondering if this meeting would care to give this Association a proper office equipment, and give Miss Randal a proper typewriter.

MISS MATHESON: I move that the money received by Miss Randal yesterday be used to furnish the required office equipment.

Seconded by Mrs. Aubin and Mrs. Paffard.

MISS STANLEY: I don't think we are privileged to discuss any-

thing at the present, but I would like to make a motion, and I would like it to be carried without discussion if possible, and that is, to increase the rate of subscription to the "Canadian Nurse" to \$2.00 instead of \$1.00, and try to put it on a financial standing.

I think it is an insult to Miss Randal to be asked to put out a publication every month for \$1.00 a year and pay the prevailing rates for paper, so I would like to make a motion that the rate be increased to \$2.00.

It was regularly moved by Miss Stanley, seconded by Mrs. Armstrong, that this meeting resolve that the subscription to the "Canadian Nurse" be increased to \$2.00 a year without discussion.

MRS. R. BRYCE BROWN: If you want discussion, it is your privilege to have it.

MISS STANLEY: It might be wise to have that motion amended to allow the members to discuss the subject.

MRS. PAFFARD: I would like to ask Miss Randal if she thinks, under the circumstances, it would affect the subscription list.

MISS RANDAL: I don't know.

MRS. PAFFARD: I would not like to have it affect the subscription list.

MISS RANDAL: Fifty subscribers at \$2.00 are worth as much as 100 at \$1.00, and it takes less paper.

MRS. PAFFARD: Two dollars a year might prevent a good many coming in. I would like to hear a discussion on that.

MRS. R. BRYCE BROWN: I don't think there is any other magazine in Canada published anywhere for \$1.00 a year.

MRS. PAFFARD: It has been a hard struggle to keep it going and it is something we should keep going, and I think we should educate the nurses of Canada in that connection.

MRS. JOHNSON: I would like to suggest that we keep in view that the subscription list does mean something to us in the way of advertising. We have not got a large circulation.

MRS. R. BRYCE BROWN: Our circulation has come up considerably since we took it over.

MRS. AUBIN: I think it might be wiser for the first year to let those new subscribers have it at \$1.00 a year. They are beginning to realize just what it means to them. For instance, one graduate nurse said to me this year: "Get me a Nursing magazine. I want something to tell me what is going on in the Nursing world." I said: "You will spend a dollar in the movies in no time." I had a letter from her just before I came here, and she said when her subscription expired she would gladly increase it if necessary.

MRS. R. BRYCE BROWN: Miss Stanley's motion did not mean that we increase it now, not until September. New subscribers coming in, or the renewals, will be \$2.00, but there will be no increase now.



MRS. AUBIN: I don't think a dollar a year will begin to give us the worth of it.

MISS PHILLIPS: As far as the value of the magazine is concerned, I think it is worth \$2.00 a year now, much more so than it ever was. From the standpoint of advertisements, we have tried to get advertisements, and the question as to the circulation does not mean much to us, but as far as the magazine is concerned I think it is well worth \$2.00, and we ought to take into consideration the extra cost of material.

MISS STANLEY: I consider that this magazine now, judging from the report of Miss Randal, is practically working along the lines of a concern in bankruptcy, and I cannot see how we can expect to have any respect paid to that paper as long as we expect the Editor to take out portions of her salary to operate it. I think we should make some other provision, either by donations or in some other way, to bring it up to a higher standard.

MRS. R. BRYCE BROWN: You who are sitting here today have no idea of what it meant last year. We did not know when we paid our bill the first month whether we were going to have one cent or three or four hundred dollars. Miss Des Brisay knows. I did not know whether she had money in the bank to pay it, and when she finally wrote me she said: "We have just \$80.00." We had \$80.00 in the National to carry us over the month. We said: "If we have the money we will pay it, and we will pay what we have anyway and we will not ask for further publication. We did not give the printer any other promise; we only gave them our word and they trusted us, and if we could not afford to pay we would not ask them to publish." Miss Randal came to me several times about it, and I said: "What are you worrying about? Your business is to get out the magazine." I knew Toronto would help us. Toronto eventually sent us a donation which helped a great deal with the salary.

Now we have heard from Toronto; we have heard from London. We have not heard from anybody in the West about what they think of getting \$2.00 a year for the magazine.

MRS. VAN VALKENBURG: I am quite sure that in Saskatchewan we could raise the price to \$2.00.

MRS. R. BRYCE BROWN: We all know that Miss Stanley's motion is right, and we are all in favor of it, but we want to know what you think about getting subscriptions at that price.

MISS ARMSTRONG: So far as I have been able to reach nurses in Alberta, I have been trying to get subscriptions for the "Canadian Nurse," because so many of our nurses take the "American Journal of Nursing," and when I brought the matter before them they were all willing to pay \$1.50. They thought \$1.00 was not enough for a magazine, because, as I pointed out, here it was impossible to run any good magazine at that price.

MISS RANDAL: I think there are more willing to give \$2.00 than \$1.50.

MISS STANLEY: I do think Toronto has been very, very generous, and I am very proud of Toronto, because they have given generously in the way of money to this magazine. I would like to know just where that magazine would have been if Toronto had not come forward in giving that money. Let us put that magazine where it belongs and each of us support that magazine. I know I for one do not want to feel that Toronto is obliged to support it.

MISS MADDEN: It seems to me the question is one as to which will make the most revenue for the magazine, an increase in subscription or a larger advertising, and I think advertising is easier obtained if the circulation is larger. If we had, say, fifty subscribers at \$2.00, and if we had a revenue of \$200.00 a year, and if we are able to add \$500.00 in advertising, it would pay us very much better. I think the magazine is worth \$2.00 a year and I would be glad to pay it, and I hope that in the future we will be all agreed to pay that, but I think at the same time the circulation is what we are after.

MRS. R. BRYCE BROWN: Miss Madden is just trying to bring before us the question of increasing our circulation. I am going to ask Miss Gunn to tell us what she thinks about it.

MISS GUNN: I don't know any more than a great many here. I have been collecting advertisements and also subscriptions, and I don't think the advertising we would get with the additional subscribers would amount to much anyway. I think almost any nurse who wants the magazine is willing to pay \$2.00, and, in asking nurses to take the magazine, the subscription price in my experience has not been discussed very much. They simply say, "What is the price?" When told "\$1.00 a year," they pay the dollar. I think 75% of the nurses would pay it without question, and, in collecting the advertisements, I have gotten a few, and we have a committee in Toronto that is pretty active in collecting advertisements. The question of advertising, of course, is a business proposition, and another point that has to be taken into consideration and which we found to be a drawback in getting advertisements, is that firms are not willing to advertise in journals that go only to nurses. Our subscriptions are limited practically to nurses, and unless they have some article they want to sell to nurses they will not advertise in the magazine, so our advertising is limited to firms who are dealing in the thing in which nurses are interested, and I think the number of advertisements we would get, even if we had 500 more subscribers, would not be greatly increased, because the advertisers talk in thousands while we talk in hundreds. A subscription list of 1800 to an advertiser is nothing at all. I don't know what the subscription lists of the daily papers are, but they are away up in the hundreds of thousands. They do not talk of subscriptions in terms of hundreds. I think the number of nurses we would lose by having a \$2.00 rate is not worth considering.



MISS JOHNS: Would it not be possible to have a committee appointed to place this financial burden where it belongs and assess them on a pro rata basis?

MRS. R. BRYCE BROWN: We will have to do something like that. Miss Gunn has a report from all the associations on that. In the meantime there is a motion still before the house, and I will ask Miss Gunn to read it.

The motion of Miss Stanley was read to the meeting.

MISS GUNN: I sent a letter to the affiliated associations, at the suggestion of the President, to find out in what way they could respond in shouldering this financial burden. We were thinking more of the Editor's salary than anything else, because it all goes to the same end anyway. If the money is in the treasury, the Editor, of course, will be paid. The suggestion we sent out was to tax each member of all affiliated associations twenty-five cents a year for this coming year, and to have each association assume the responsibility of collecting that sum from every member and sending it in to the Treasurer of the "Canadian Nurse." I wrote to all the associations affiliated with the National. I read them this morning, so that you have a pretty good idea of what associations are affiliated.

The following associations are very much in accord with the suggestion and are very anxious to do their share:

#### REPORT FROM ORGANIZATIONS CONCERNING SALARY FOR "CANADIAN NURSE" EDITOR

##### Circular Letter Sent Out—Remarks:

- Grace Hospital Alumnae Association, Toronto—Approved.
- General and Marine Hospital Alumnae Association, Collingwood, Ontario—Approved.
- General and Marine Hospital Alumnae Association, St. Catharines, Ontario—Approved.
- Kingston General Hospital Alumnae Association, Kingston, Ontario—Approved.
- Royal Victoria Hospital Alumnae Association, Montreal, Quebec—Approved.
- Toronto General Hospital Alumnae Association, Toronto, Ontario—Approved.
- Vancouver General Hospital Alumnae Association, Vancouver, B.C.—Approved.
- Victoria Hospital Alumnae Association, London, Ontario—Approved.
- New Brunswick Association of Graduate Nurses, St. John, New Brunswick—Approved.
- Saskatchewan Graduate Nurses' Association—Approved.
- Western Hospital Alumnae Association, Toronto—Suggest raising magazine to \$1.25 a year.
- Graduate Nurses' Association of Nova Scotia—Suggest raising magazine to \$1.50 a year.
- Graduate Nurses' Association of British Columbia—Suggest paying \$2.00 monthly toward such a fund.
- Victoria Nurses' Club, Victoria, B.C.—Suggest paying \$2.00 monthly toward such a fund.
- Vancouver Graduate Nurses' Association—Suggest paying \$2.00 monthly toward such a fund.
- Nicholl's Hospital Alumnae Association, Peterboro, Ontario—So few members, do not approve.
- The Canadian Society of Superintendents of Training Schools for Nurses—Do not approve of taxing individual members—will decide in Montreal.

Manitoba Association of Graduate Nurses—Wish to know cost of printing, etc., in order to assist in a more intelligent manner.

I might say some of these not only suggested their willingness to approve, but they thought the plan was already settled and sent a cheque.

The Kingston General Hospital, Royal Victoria Hospital Alumnae, and the Western Hospital Alumnae Association of Toronto were willing to do anything that was decided at this meeting. They were willing to take their share of the burden and do whatever was suggested. They also suggested raising the price of the magazine. The Canadian Nurses' Association also suggested raising the price of the magazine. The Graduate Nurses' Association of Nova Scotia suggested raising the subscription price. The Graduate Nurses' Association of British Columbia, in a meeting of their Association during the winter—they saw the rocks ahead and they wrote that if we, the National Executive, thought it possible to ask every affiliated Association to pay for the coming year \$2.00 a month it would mean \$24.00 a year, and the suggestion did not seem very satisfactory, in so far as some of our organizations have very few members. We have one organization with about twenty members; we have some with thirty members; we have some with over three hundred members, and it did not seem a very fair basis of taxation to ask an Association of twenty members to pay \$24.00 a year, which was over a dollar a member, and at the same time to ask an Association of three hundred members to pay \$24.00 a year, so that plan did not seem very practicable. The Graduate Nurses of Victoria and the Vancouver Nurses' Association suggest paying \$2.00 a month towards the fund. While it might be acceptable to those organizations, that difficulty arises with the smaller ones. The Nicholls Hospital Association at Peterborough have a very small organization, and nearly all their members are overseas or have left temporarily, and they are willing to do their share, but they don't feel they can do it. The Canadian Society of Training Schools for Nurses did not approve of taxing individual members. They will discuss that question; I don't know that it has been taken up as yet. The Manitoba Association of Graduate Nurses wishes to know the cost of printing and the financial standing of the magazine in order to assist in an intelligent manner. They did not wish to commit themselves to any suggested plan or to approve of any plan. The Graduate Nurses' Association of Ontario is a little different from some other organizations in that they have affiliated societies. The Alumnae Association is associated. There are three associations heard from which really need not be considered. I think the Graduate Nurses of Ontario approve of the plan very heartily, with the exception of three of the small Alumnae Associations, and I think their difficulty is on account of lack of members.

That is the report I have to submit on this plan that was suggested to the different Associations. Every Association that answered is willing to help, and it is just a question of deciding on the means, I think.

MISS LAIDLAW: I think we did not get our report because our



Corresponding Secretary has been ill. They asked for twenty-five cents from each member, and we decided to send a \$25.00 cheque, as we have eighty-seven members.

MRS. R. BRYCE BROWN: Are there any here who have not answered this letter, who know anything about it?

MISS EADIE: We had collected twenty-five cents from each member.

MISS EWING: Of course, we are not an affiliated organization. We have granted \$100.00 a year.

MRS. R. BRYCE BROWN: What is your pleasure with this motion and amendment to increase our subscription to \$2.00 a year?

Miss Gunn takes this point, that we collect this money now for this year; that sets us on our feet, and Miss Stanley's motion does not go into effect until next year, which means that will put us on our feet for good. That twenty-five cents is going to start us with a little money in the bank, which we very badly need, so I don't want you to think we don't need this twenty-five cents, because we do, very badly, but I think Miss Stanley's motion for the next year is the dignified thing to do. I think the dignified thing to do is to have our magazine at a proper rate. Miss Gunn says it makes very little difference to the advertiser, and my experience has been that the advertisements we get are through entirely personal influence. Are you ready for the question? Those in favor please stand up.

A standing vote was taken and the motion was carried unanimously. Now are you ready to adopt Miss Gunn's report?

MISS MADDEN: Hamilton did not take any canvass. The Alumnae simply voted the money out of their funds.

MISS PHILLIPS: The difficulty about that twenty-five cents is that the Association I represent, our Executive Committee, went into the matter very carefully and they could not see how they could collect twenty-five cents. We have a membership of over two hundred and a good many of them are overseas. We tried in our clubhouse to get shareholders. I said: "You spend one stamp writing to them, and another stamp, and they won't answer, and it has happened in a good many cases that the burden would all fall on a few."

MRS. R. BRYCE BROWN: I am not trying to force this; at the same time we have to do something. You bought the "Canadian Nurse," not your officers, and it has to be supported and Miss Randal has to be paid. We cannot expect to have a magazine and sacrifice any one woman for that magazine. She has to have a living salary. When you start to think of the time that Miss Randal gave last fall, and she did not think, neither did I, that she was going to get any salary at all, you would realize the amount of work she expended on this. She thought she was giving one year of her time for the magazine. All we are asking of you is to pledge her a living salary, which is to be done by this means. If you can think of any better way than that twenty-five cents I want to

hear about it. Miss Gunn has written to every Association. She has had suggestions from all of them. If the Association feels they cannot get it from their membership they should raise it in some other way. This is our responsibility, and I want, before this new Executive comes in, to have them feel they are not going to be handicapped as we were last year. Is there any other suggestion?

MISS STANLEY: I was thinking perhaps a definite sum might be mentioned to the Association and \$1200.00 should be voted for Miss Randal's salary. I don't think you could expect Miss Randal or anyone to work at a less salary. The Institutional Nurses make more than that, and I cannot see why we should have the Chief Educator try to live on pickings from public funds.

MRS. R. BRYCE BROWN: Miss Randal gives us office room for nothing in her house, and she pays her own telephone, all out of the handsome salary of \$50.00 which she has been getting this last year, and most of the time she has been paying it without any salary. We have to get on our feet; we have to have a little money in the bank, so that that awful, sickening feeling when the bills come in will no longer be experienced. Imagine receiving a bill for \$300.00 for printing and you don't know whether it is going to be paid or not. It is terrible. I want to know if any of you know of any better way of raising that than by the twenty-five-cent plan.

MISS RANDAL: I had a letter just a short time ago from some advertising agent and they said: "Does your magazine interest the Hospital Trustees or is it only the nurses?" Because, they said, they could place advertisements many times if they felt our journal reached the Trustees and the Hospital Board.

MISS GUNN: In giving this report I omitted to move the adoption of the report. I beg to move the adoption of the report now.

The motion was seconded by Miss Madden, and on a vote being taken was declared carried.

MISS JOHNS: It is a matter of principle, not a question of the twenty-five cents.

MRS. BLIGH: As a delegate from Nova Scotia Graduate, I have been instructed not to pledge our Association until after the annual meeting in September.

MRS. R. BRYCE BROWN: The next is "The Public Health Committee," by Miss Dyke. I wish you would all carefully listen to Miss Dyke.

#### THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES JUNE, 1917.

The Committee on Public Health Nursing is composed of the Convener, appointed by the Executive of the Canadian National Association of Trained Nurses, and of one member from each Province, appointed by the Provincial Executive. The members of the committee presenting this year's report are as follows:

Convener, Miss E. H. Dyke; British Columbia, Miss Elizabeth G. Breeze; Alberta, no representative; Saskatchewan, Mrs. E. M. Feeny; Manitoba, Miss



Maude Wonnacott; Ontario, Miss Ella J. Jamieson; Quebec, Miss Anna Hay Browne (appointed by Montreal); New Brunswick, no representative; Nova Scotia, Miss E. M. Pemberton; Prince Edward Island, no representative.

The fact that each Provincial Executive appoints one of its members to represent it on the Public Health Committee should prevent the isolation of the Public Health group from the parent organization.

Public Health Nursing is made possible by the splendid ideals of service developed in the schools for nurses, and is drawing upon the pioneer spirit of the nursing profession in order to meet new situations calling for courage and initiative. While the graduate nurse may leave her school with ideals of service and a degree of nursing knowledge, she is not fully equipped for her new work as a Public Health Nurse. The committee understands, therefore, that it has been given the task of interpreting the needs of the Public Health Nurses to the parent organization.

In order that recommendations presented to this annual meeting might be formulated by a committee which possessed definite knowledge of conditions in each Province, the following questionnaire was made available for distribution in each Province. These forms were made use of by British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, and Nova Scotia.

Dear .....

Our Provincial Executive has appointed me to represent the Public Health Nurses of ..... on the Standing Committee on Public Health Nursing for the Canadian National Association. My duty is to compile a list of the organizations of nurses or individual nurses carrying on any form of nursing which emphasizes preventive work and can therefore be described as health nursing.

The enclosed questionnaire is merely a suggestion. If you can give me a fuller, more personal, report, it will be helpful. The reports of unorganized beginnings of Public Health Nursing and the experiments which may have resulted in failure, are of more value to the committee than reports of highly organized work.

We hope to include reports from all Public Health Nurses in the Province, and it is difficult to secure the addresses. You can help by sending me the names of nurses you think should be communicated with.

Sincerely yours,

Representative for Province of.....  
Committee on Public Health Nursing.

COMMITTEE ON PUBLIC HEALTH NURSING  
CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES,  
1916-1917.

QUESTIONNAIRE.

Date.....

Name of organization or individual .....  
Number of nurses .....  
Salary .....  
How maintained .....  
History of beginning of work .....  
Character of present work .....  
Suggestions for work of committee .....

Signature.....

No effort has been made to secure information except through the Provincial organizations, as it was felt that their responsibility for nursing standards should be recognized in this branch of nursing as well as in all others. Unfortunately, however, the returns received from these sources are so incomplete that the committee is not in a position to draw conclusions in regard to the number or variety of Public Health Nurses employed in Canada, or in regard to the standard of nursing required by the organizations employing them.

The number of replies received by each Provincial representative, with the number of nurses recorded, is as follows:

Province.	Replies.	Nurses Recorded.
British Columbia .....	8	31
Saskatchewan .....	8	10
Manitoba .....	5	36
Ontario .....	41	127
Quebec .....	7	76
Nova Scotia .....	5	12

Ontario sent out letters and questionnaires not only to all nurses known to be engaged in Public Health work, but also to the local officers of health and to the Women's Institutes. The letters to the officers of health were sent through the co-operation of Dr. J. W. S. McCullough, enclosed in the Annual Report of the Provincial Department of Health. The names of the Secretaries of the Women's Institutes were secured from Mr. Putnam, director of the Women's Institute Branch of the Department of Agriculture. The total number of letters and questionnaires sent out by the Ontario member of the committee was 912, and the number of replies which she received was 41. These letters were sent with the purpose of stimulating thought and with no hope of tangible result. The replies received from officers of health and Women's Institutes indicate an opportunity for service in the rural districts which Ontario nurses must prepare themselves to meet.

In the five Provinces making use of the questionnaire, returns were received from Public Health Nurses reporting varied duties—visiting nursing, instructive tuberculosis and child welfare nursing, sanitary inspection, hospital medical social service, and school nursing. One nurse appointed to a position of responsibility with a patriotic association, owing to her training in public health work, reports that she feels her work can no longer be considered Public Health Nursing. It is surprising to note that no returns were received from industrial nurses. The organizations employing the nurses included in the survey are also varied—Victorian Order, Municipal Boards of Health, one Provincial Board of Health, Boards of Education, hospitals, Metropolitan Life Insurance Co., Women's Institutes, and other private organizations.

The recommendations received from the nurses cover a wide range of subjects—free dental clinics in schools, the educational value of bathtubs in schools, housing laws and inspection, methods to be adopted in organizing a visiting nurse association, special training for Public Health work, and the relationship of the visiting nurses to the Provincial Organizations of Graduate Nurses.

A letter containing the following recommendations was sent in May, 1917, to each member of the committee:

1. That the Standing Committee on Public Health Nursing is not necessary and should be discontinued.
2. That a Standing Committee consisting, as at present, of a representative from each Provincial Executive, should continue its efforts to stimulate interest in Public Health Nursing.
3. That a Public Health Section of the Canadian National Association of Trained Nurses should be organized, with its own officers and with representation on the Council of the National Organization.

British Columbia, Manitoba, Ontario, and New Brunswick endorsed the recommendation continuing the committee, and Saskatchewan, Quebec, and Nova Scotia endorsed that establishing a Section of the Canadian National Association of Trained Nurses. Alberta did not express an opinion. The committee, therefore, by a vote of four to three, recommends that a Public Health Section of the Canadian National Association of Trained Nurses should not be established.

Only one meeting of the committee could be held, and that a hurried one, called June 13th in Montreal, to formulate recommendations arising from the reports of the individual members. The members had previously been notified to appoint representatives if unable to be present. The Provinces were represented as follows:

British Columbia, Miss Randal; Alberta, Mrs. Armstrong (unofficial); Saskatchewan, —; Manitoba, Miss Starr; Ontario, Miss Dickson; Quebec, Miss Anna Hay Browne; New Brunswick, Miss Branscombe (unofficial); Nova Scotia, Mrs. Bligh.

As a result of this conference, the committee wishes to present three recommendations:

1. That the Canadian National Association of Trained Nurses shall consider Public Health Nursing to include those forms of nurs-



ing which have as their object the prevention of disease. This broad classification to include: Tuberculosis and industrial nursing; sanitary inspection, when carried on by nurses; pre-natal, child welfare, and school nursing; hospital social service, or any form of social work for which a nurse's training is essential. The committee wishes to include, also, visiting nurses who are concerned with the care of the patient, owing to the fact that the instruction of the family must be an essential part of the nurse's work, if the patient is to be left in the care of the family during her absence.

2. That the Canadian National Association of Trained Nurses should urge the Provincial Associations to seek as members all Public Health Nurses eligible for membership, and should instruct the Committee on Public Health Nursing to urge as many Public Health Nurses as possible to identify themselves with those local nursing organizations which are interested in nursing education and the maintenance of nursing standards.

3. That the Canadian National Association of Trained Nurses should request the Canadian Association of Nurse Education to study the post-graduate courses available in Canada for Public Health Nurses, keeping in mind the increased demand for preventive nursing which will follow the war, before they complete their standard curriculum for schools for nurses.

Canadian Public Health Nurses are struggling, as schools for nurses are also struggling, to effect a wise compromise between present possibilities and dimly glimpsed ideals of organization and service. The incompleteness of the reports from the various Provinces indicate that there is not yet a conscious effort on the part of Canadian nurses, as a whole, to meet the demands of the Canadian public for preventive nursing. The period of reconstruction following the war will find us unprepared. While Canadian schools for nurses can and will meet this need as they have met the call for overseas service, it may be more difficult to do so. Army regulations recognize only those nurses who are graduates of standard schools. The public, who are demanding preventive nursing, do not recognize the need for skillful service. While we are waiting for standardized Public Health training we must provide the best nurses we have, nurses with a thorough knowledge of nursing practice and health laws, and with high ideals of service. The present schools advised by these graduates will develop special training for future graduates. Canada must, however, send only the best graduate nurses into Public Health work in the present emergency, and the Provincial organizations must stand back of them while they are studying in the hard school of experience.

From one pioneer Canadian Public Health Nurse comes the request for space in the "Canadian Nurse" for discussion of visiting nurse problems, and from another comes the following recommendation:

"That superintendents of training schools be urged to draw the attention of their prospective graduates to this new field of nursing activity, a field which, being educational in character, requires a type of nurse in whom teaching ability is pronounced, combined with a love of children and the missionary spirit, and, as this field of work is destined to be much more greatly developed in the future, the suggestion is offered that superintendents should urge the nurses with the qualifications mentioned to specially fit themselves to enter upon this field."

It is graduate nurses such as these who guarantee the quality of Public Health Nursing service to be given Canada in the future.

EUNICE H. DYKE, Conveñer.

MRS. R. BRYCE BROWN: You have heard Miss Dyke's report. It certainly shows that a great deal of time has been given to it and a great deal of thought. I am sure Miss Dyke would like to have anybody's opinion on this report. Miss Gunn will read the recommendations in Miss Dyke's paper and you can discuss them one at a time. I think, on the first recommendation, we are only too glad to endorse that.

(The first recommendation in Miss Dyke's report was read by Miss Gunn).

MISS DYKE: The Canadian nurses actually doing public health work do not know that they can get that classification; for instance, I think four provinces wrote back assuming that the Victorian Order of Nurses were not Public Health Nurses. Another nurse doing Child Welfare Work did not know she was a Public Health Nurse.

MISS HALL: I move the adoption of that recommendation. The motion was seconded by Miss Fairlie.

(The second recommendation in Miss Dyke's report was read by Miss Gunn).

MRS. JOHNSON: I move the adoption of the second recommendation.

The motion was regularly seconded and declared carried.

(The third recommendation of Miss Dyke's report was read by Miss Gunn).

MISS DYKE: The committee did not discuss it in detail. If you want me to tell what I know personally, there are three schools in the Victorian Order.

MISS McKENZIE: Four.

MISS DYKE: And then there is a course at the Toronto General Hospital. Some organizations, such as the ones I am identified with, provide compulsory lectures for nurses after appointment, and that is what they wanted before the Canadian Society for Nurses' Education would take Public Health Nurses and wait for the development of post-graduate courses. I was hoping they would realize how long they would have to wait and they would provide some substitute.

The adoption of the report was moved by Miss Randal, regularly seconded, and declared carried.

MRS. R. BRYCE BROWN: There are several other committees we have to hear from before we adjourn for luncheon, and I wanted to have Miss Locke's report. Miss Gunn will read Miss Locke's report, as you know Miss Locke is not here.

#### REPORT OF NOMINATING COMMITTEE OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES FOR THE YEAR 1917.

Madam President:

Your Committee regrets that no nomination for President appears on the final nominating blank. Several members were nominated for this office apparently without being asked if they were willing to serve. Your Committee wrote to each member who had been nominated by more than one society, but each refused to allow her name to stand. The remainder of the nominating blank requires no explanation.

MRS. WIGHAM, Toronto.  
ANNIE I. ROBINSON, Toronto.  
JEAN EDGAR, Toronto.  
MARGARET EWING, Toronto.  
HELEN G. R. LOCKE, Toronto.

Miss Locke, as you see, has done a great deal of work, and Miss Des Brisay has been Treasurer ever since we met in Halifax. Miss Johns is a very busy woman and yet she has taken on the Secretaryship.



and that means so much to the Canadian National. That means if there is any other nomination for this office, the nominations are not yet closed, and we have first nominations from the floor for President.

MISS STANLEY: I was going to ask if an arrangement could be made to decide the place of meeting. I think, then, you will not have so much difficulty about selecting a President.

MRS. R. BRYCE BROWN: You have two invitations. I think we will get Miss Gunn to read them.

Letter from Miss Breeze, Vancouver, to hold meeting in Vancouver in 1919.

Letter from the Graduate Nurses' Association of Ontario to hold meeting in Toronto.

MRS. R. BRYCE BROWN: This is the first time since I have been President that we have had more than one invitation. I know both those Provinces want you very much. British Columbia was very anxious to have us, and Ontario is also anxious. We met in 1914 in Halifax; in 1915 we did not have a meeting, and in 1916 in Winnipeg; in 1917 here in Montreal, and I don't think we need waste any time; you can just put it to a vote.

MISS STANLEY: I would like to move that the next meeting be held at Toronto.

The motion was seconded by Miss Madden and declared carried.

### NOMINATIONS FOR PRESIDENT.

Motions regularly made and seconded for nomination for President were presented on behalf of Miss Gunn, Mrs. Bryce Brown, Miss Matheson, Miss Stanley and Miss Hersey.

It was moved by Mrs. Johnson and seconded by Miss Randal that the nominations for President be declared closed.

Motions regularly made and seconded for nominations for First Vice-President were presented on behalf of Miss Isabel McIlroy, Miss Eunice Dyke, Miss S. A. Barrington and Miss Fairlie.

It was regularly moved and seconded that the nominations for First Vice-President be declared closed. Carried.

Motions regularly made and seconded for nominations for Second Vice-President were presented on behalf of Miss M. F. Gray, Miss L. C. Phillips and Miss Campbell.

Motions regularly made and seconded for nomination for Treasurer were presented on behalf of Miss H. Des Brisay, and Miss E. Johns as Secretary.

It was regularly moved and seconded that nominations for Second Vice-President be declared closed. Carried.

MISS JOHNS: I allowed myself to go up in a fit of wild discouragement. It was on condition that the nominations should come from the floor and I should be permitted to withdraw my name should a more experienced one present herself.

On motion regularly made and seconded, Miss Dickson received the nomination for Secretary.

MISS DICKSON: At present I really could not act as Secretary.

MRS. R. BRYCE BROWN: Miss Dickson is the Secretary of the G. N. A. O., and she thinks she cannot do it, and you cannot force her at this time because she has already been asked.

On motion regularly made and seconded, Mrs. William Bligh was nominated as Councillor.

MRS. R. BRYCE BROWN: We will take Miss Neilson's report, "The War Committee." Miss Gunn will read that report.

Toronto, June 7th, 1917.

Annual report of the War Committee of the Canadian National Association of Trained Nurses.

I have the honor to submit the following report for the year 1916-1917:

During the past year we have had no calls from the sources which have appealed to us before, and no direct calls from any other sources. I have, therefore, quite an inactive year to report.

At the beginning of the year we had the misfortune to lose our Corresponding Secretary, Miss Weyer. Her work, as all know who have been in touch with it, has been simply beyond praise. Owing to difficulty in finding a successor, and to the fact that no work has come in, we have appointed no one to fill her place.

From the Treasurer's report, which is submitted herewith, you will see that we have a balance in the bank of four hundred and eighty-five dollars and ninety-two cents (\$485.92). It is hardly necessary to remind you that this money, and also the greater part of what we have expended, was collected for the purpose of defraying the expenses of the nurses who responded to the appeal of the French Flag Nursing Corps. I would ask you to consider the question of disposing of this balance as the Association sees fit. The committee would make no suggestion other than this one: That if there arise the necessity of helping any one or more of the nurses who so nobly responded to the call of our ally, their needs should be considered first.

T. NEILSON, Convener War Committee.

#### TREASURER'S REPORT CANADIAN NATIONAL ASSOCIATION TRAINED NURSES.

Receipts .....	\$5801.34
Interest in bank .....	19.95
Grand total .....	\$5820.29

#### DISBURSEMENTS.

To equipment ten nurses, first contingent, \$50.00 each.....	\$ 500.00
To equipment ten nurses, first contingent, \$180.00 each.....	1800.00
Ocean line tickets, eastbound and return.....	690.95
Canadian Pacific Railway tickets.....	144.35
To equipment six nurses, second contingent, \$50.00 each.....	300.00
To equipment six nurses, second contingent, \$175.00 each.....	1050.00
Ocean line tickets, eastbound and return.....	535.00
Canadian Pacific Railway tickets.....	61.00
Passports .....	30.00
Cablegrams and telegrams .....	29.83
Advertising .....	12.52
Diaries, books and pencils.....	53.70
Cash returned to Miss McMurrick.....	20.00
Mrs. Hutchins, re French lessons.....	94.00
Stamps, re Secretary, Miss Weyer.....	10.00
Stamps, re Treasurer .....	1.00
Cheque returned .....	3.02

\$5334.37



Total receipts .....	\$5820.29
Disbursements .....	5334.37

Balance in bank .....\$ 485.92

M. WIGHAM, Treasurer War Committee.

MISS RANDAL: I move the adoption of this report.

The motion, being regularly seconded and voted upon, was declared carried.

MRS. R. BRYCE BROWN: This afternoon the Montreal General Hospital are entertaining us at the Montreal Hunt Club. Now the cars leave Dorchester Street at 4:15 promptly. That means you must leave this hall at 4:00 o'clock in order to be there at the corner of University and Dorchester Streets, where the cars will take you out to the Hunt Club as the guests of the Montreal General Hospital.

The meeting then adjourned until 2:00 o'clock p. m.

2:15 o'clock p. m.

The meeting resumed.

MRS. R. BRYCE BROWN: We will now have the paper by Miss McKenzie. I don't think Miss McKenzie needs any introduction to the nurses of Canada.

MISS McKENZIE: I felt the subject was so very important that it was better to prepare a sufficiently suggestive paper so that the various points that are of importance in connection with this subject may be brought out in discussion. I think it would be more profitable than a very full paper. I might say, in regard to this subject, that I consider it at the present time a most important subject before the Canadian people as concerns the health and welfare of the whole nation. I think that Canada, with regard to the Midwife question, is in a very critical position, and a false step is going to bring very bad consequences. For that reason I think that the nurses who have thought over this subject, and all the doctors as well as the people who have been thinking along health lines, should pay a very great deal of attention to it and should know exactly what is going on before Canada decides what she is going to do with regard to this momentous question.

#### CANADA AND MIDWIVES.

In choosing the title for this paper, "Canada and Midwives," I was prompted by a desire to give you a shock by seeing the combination which, let us hope, will never be a reality. In this paper, I am going to try, first of all, to rid the subject of the many misunderstandings which surround it at present—so many who have written and spoken of it recently have confounded the terms "midwives" and "maternity nurses"; others have heaped all kinds of abuse on the women practicing as midwives; others, again, have surrounded them almost with a halo, attributing all the virtues to them and maintaining that they can and will do many wonderful things that no one ever heard of their doing, and so on, ad infinitum, until it is difficult for those who have not studied the question carefully to know just what they are considering. I may state, at the outset, that praise and blame to midwives, as a class, are unfair. Insofar as I am able, I intend to make my treatment of the subject as scientific and as impersonal as I can make it.

The word "midwife" is from the Old English "mid," "with," and Anglo-Saxon "wife," and in its original meaning is "one who is with (i. e., assisting) a wife." Gould gives the definition: "A woman who practises obstetrics,"

and his definition of obstetrics is: "Obstetrics is the science of the care of women during pregnancy and child-birth." That definition of obstetrics is a good one, and before I have finished I hope to show how far we have travelled away from it.

In order to secure a broader outlook before taking up the subject for Canada particularly, it may be well to glance for a few moments at what has been done and at what results have followed in other parts of the world.

In the old countries, midwives have been known from the earliest times, and various rules and regulations as to their training, licensing, inspecting, etc., have been drawn up. In Europe, Holland, Belgium, France and Italy have a full two years' course for them; Norway, Sweden, Denmark, Austria and Germany, a one-year course. England in 1902 faced the problem and tried to solve it by establishing the Central Midwives' Board, by Act of Parliament, entitled: "An Act to Secure the Better Training of Midwives and to Regulate Their Practice." This provided for a three months' course, which has lately been extended to six months. The Japanese midwives are well trained, a two-year course being required in the University of Tokio. In the newer lands, in the United States, the first school for midwives on this continent was opened at Bellevue, August 1st, 1911. This provides for a six months' course after the probation month.

Now, glancing at general reports from these countries, we find that in Austria and Germany—this has nothing to do with present war conditions—one of the best authorities reports the midwife situation in those countries in a "state of misery." Dr. De Lee, in writing on this matter, sums up: "I have visited many European clinics, and I am convinced that the reason they are so far behind ours in their obstetric technique is because of the presence of the midwife and the low ideal she establishes.

"In Europe the midwife has more standing than she has in this country; the laws she must obey are stricter; they are enforced better than they could possibly be enforced here; she receives a two years' training in the best maternities under the world-famed professors; she has to take post-graduate courses every few years; she is under the direct supervision of the health physicians—and they supervise; and yet an authority on midwives calls the situation miserable."

In the United States the situation, according to authorities there, is far from ideal.

In England, judging from the unrest, from the numerous expulsions and from the more rigid rules that are being enacted, I should say the midwife question is far from satisfactory.

Now, Canada occupies in this, as in so many things, a unique situation. She may profit by the experiences and the mistakes of all other countries. She has time to evolve a perfect system, would she set her mind to it, be guided by vision and, looking far ahead, see, with the seeing eye, the outcome. Will she rise to it? That is the burning question today, not only pertaining to midwives, but to many other problems at our doors. Our great menace in this connection is that Canada may slothfully adopt a midwife scheme that has proved a failure elsewhere, merely because she is too lazy, too indifferent, too unprogressive and too lacking in ideals to do anything else.

What Canada should do is to evolve a scheme of good scientific obstetrical practice, which implies an improvement in every part of the present service.

Dr. J. Whitridge Williams, of Baltimore, expresses himself thus: "We have to bear two things in mind: That obstetrics is a broad subject, and obstetrical care should begin when pregnancy begins and should continue until the baby is able to eat ordinary food. . . . The second thing is the education of the doctor, and when the doctors of this country—and it applies to Canada just as well—feel as all intelligent obstetricians do about the subject, there will be no further need to talk about the midwife, because she will have disappeared."

The first implies the pre-natal care, care at time of confinement, and care until the baby is at least a year old. The second implies more attention to the training of doctors in obstetrics, better equipped maternity hospitals and dispensaries, and so a raising of the dignity of obstetrical practice. The bad work that is being done in very many parts of this country in connection with maternity service is appalling. That is used by some as an argument in favor of midwives—but it is not an argument at all—it merely suggests uniting



one bad thing with another, and two bads never made a good. The tolerance of midwives in any country merely emphasizes the low obstetrical ideals of that country.

Have you ever thought seriously about the strange anomaly we have in connection with this subject? In the care of the pregnant woman, we have the key to the health of the nation. If that woman is cared for sensibly and tenderly during pregnancy, is kept under careful, skilled supervision, so as to have bad symptoms detected and corrected in time; if she be delivered with cleanly skill and nursed during her lying-in period by skilled nurses, think for one moment of all the suffering, all the unhappiness, the long years of invalidism, the weaknesses of offspring that would be prevented. All of you, who have had experience in the gynaecological wards of hospitals, know that those wards are the monuments being raised up each year to bad obstetrics. We hear people say so glibly that giving birth to a child is a natural process, and from that saying have resulted many of the troubles that will have to be conquered before we are the strong race we were meant to be.

Here I should like to quote Dr. DeLee again: "Obstetrics has great pathological dignity—it is a major science, of the same rank as surgery.

"Certainly having babies is a natural process, and, in the intention of nature, should be a normal function, yet there is no one here who can deny that it is a destructive one. We all know that even natural deliveries damage both mothers and babies, often and much. If child-bearing is destructive, it is pathogenic, and if it is pathogenic it is pathologic.

"I do not have to go far to prove these statements, and will cite only a few facts: That 20,000 women die in the United States every year, during child-birth, is a very conservative estimate. Hundreds of thousands of women date life-long invalidism from apparently normal confinement, and our local findings are very meager. A few of the less prominent but proven sequences of child-birth are: Laceration of the cervix, parametritis postica, chronic metritis, sterility; again: laceration of the perineum, rectocele, pelvic congestion, patulous vulva, chronic infection of the vagina, cervix, uterus, etc. Again: Urethro-cystocele, cystitis, ureteritis, pyelitis, nephritis, and combinations of all these, leading to incurable invalidism. Of the more evident damages, prolapse of the uterus and deviations of this organ may be mentioned, and let this be emphasized, these admittedly pathologic sequences, not seldom, but often, follow so-called normal labor.

"As for the babies, there is a birth mortality of at least three per cent. in spontaneous deliveries, and there is a larger percentage of brain injuries than can be proven by available statistics.

"Thus far, I have had in mind only natural deliveries, so-called normal labors. Let us remember the complications of pregnancy and labor, placenta previa, eclampsia, abruptio placentae, ruptura uteri—accidents occurring with startling suddenness and requiring instant treatment. They have a mortality of from 15 to 80 per cent., as high, if not higher than any of the complications of surgery. And we are to trust the prevention of these accidents, these diseases, these deaths, to ignorant midwives!

"If the profession would realize that parturition, viewed with modern eyes, is no longer a normal function, but that it has imposing pathologic dignity, the midwife would be impossible even of mention. The double standard of obstetric practice would be abandoned."

Now, when this noted obstetrician gives us such a clear explanation of the great importance of this science and art, how is it that in so many parts of the world midwives are tolerated? To Canada may yet belong the laurels for rescuing obstetrical practice from the shades of darkness and ignorance and putting it, where it belongs, on a pinnacle, illumined by the torch of knowledge. Will she rise to it?

I have pointed out that Canada has time to work out a good system; her districts are not congested nor are foreigners pouring in at a destructive pace. In other countries those have been the reasons cited for having midwives. Up to the present they do not hold with us. The excuse given for having the midwife question thrust upon us at this stage is the need in the sparsely settled districts for medical and nursing care. The midwife is supposed to offer a solution for this problem. Will she solve it?

No one who has not penetrated into the out-of-the-way rural districts of Western Canada should attempt to solve the problems of those districts. The Canadian West is a land of vast distances—extremely beautiful, it is true, but vast. The individual holdings are large. There are comparatively few families in a district of twenty or thirty miles square. The woman who goes there should be able to cope with every kind of emergency—the cases are not

many, but they are urgent—accident cases, typhoid, pneumonia, maternity, heart, rheumatism, etc. Now, in districts of 20 to 25 miles square, the obstetrical cases looked after by the nurses averaged 11 per nurse per year—less than one a month. Midwives would take only maternity cases, could hardly cover a large area, so even granting that they were satisfactory for maternity cases—which I do not grant for one fraction of a second—it would not seem the best policy to have a person employed for a special branch of nursing of which there is so little and leave the other branches unprovided for, when one person might be employed who would be able to cover the whole field.

The experiences of other countries again tell us that midwives congregate in cities and congested parts of the country, avoiding the isolated districts.

Now, what are my suggestions to Canada in this connection? (1) Bury the word "midwife"—and bury it deep; (2) Wipe out the idea of the midwife as we know her; (3) Take steps to improve the education of the doctors and nurses in obstetrical practice; (4) Establish good maternity hospitals, where full training in all that pertains to the subject of obstetrics may be given doctors and nurses; (5) Establish dispensaries with pre-natal departments. By thus improving the training of the doctors in this branch, it will gain in dignity, and more doctors will consider it worthy of their best efforts. The training of the nurses in this branch will have a similar effect on them.

With regard to the shortage of doctors and nurses in the rural districts, a great deal may be done in the way of more even distribution—there are too many doctors and nurses—I am not, of course, speaking of war conditions in our cities and larger towns, and not enough in the rural parts. The Government should take steps to make the country practice more enticing for doctors and nurses. That may be done by providing better living quarters and by supplementing their earnings, until the country becomes more densely populated. The need is for more and better trained people, and that need, I am confident, can be met if the doctors and nurses get together and decide on what is best to be done. No shiploads of Old Country midwives, who are not wanted in their own land, no half-baked nurses, no well-meaning but ignorant and bungling voluntary workers will ever solve the problem of caring for the splendid people who are scattered over the plains and prairies of our beautiful Canadian West.

And now, one word more for this Association specially. The nurses of Canada are not the force they should be—the nurses are to blame and also the country. Nurses must assert themselves; they must show the public that they are in earnest, that they have ideals above the gathering in of the babies, and that they are anxious to help solve problems whose solution will mean the better safe-guarding of the health of the nation. There are two problems knocking very insistently to be heard: (1), How to provide nursing care for the people of moderate means who need a continuous service; and (2) the one I have already referred to—how to provide nursing care for the people in the isolated parts of the Dominion.

The public are looking to the nurses to suggest solutions, and if those are not forthcoming, the problems will be solved without their aid, and the chances are the solutions will not be the best, progress will be retarded, the country left so much the poorer, and the profession less of a force than ever in its own branch of service.

I have emphasized the fact that the fully trained woman only will solve the problem in the rural parts, not because I hold a brief for the trained nurse—I hold a brief for no one—but because I wish the people in those districts to receive adequate care, and I am fully convinced that that care can be given only by the trained woman—the woman with the trained head and hand and heart.

The problem, however, is not whether or not we are slavishly to permit the Old Country people who know nothing of our conditions to dictate a solution of our problems by dumping on to our prairies people they wish to get rid of, (that is a serious enough question, but it will rectify itself in time), but the problem goes deeper than that—it is how soon will Canada get down to work and provide reasonably safe care for obstetrical patients, and in that connection the prayer of each one of us, followed up by work, should be that Canada may never tolerate within her confines that destroyer of obstetrical ideals—the midwife.

MARY ARD. MACKENZIE.

June 4th, 1917.



MRS. R. BRYCE BROWN: When we decided this question of Midwives was to come up at this meeting we all knew there was just one person in Canada who was conversant with all sides of nursing conditions on the prairie, and we knew if we could get Miss McKenzie to give us this paper we would get an insight into the conditions which we could not otherwise have elicited.

Before we discuss this paper we have a report from Mrs. Tilley's committee on the advisability of establishing midwives in Canada. I think, before discussing this paper, we will ask Miss Gunn to read Mrs. Tilley's report, and I want you to remember what Miss Mackenzie has said in order to be able to discuss this intelligently later on.

#### NURSES' COMMITTEE OF THE NATIONAL COUNCIL OF WOMEN.

Madam President:

The Committee appointed at the last Annual Meeting of the Canadian National Association to assist me in the work for the National Council of Women has been very helpful, and I am indebted to Miss Crosby and Miss Gunn of Toronto, Miss Starr of Winnipeg, and Mrs. Armstrong of Edmonton. If I have the honor of re-election as Convener of the Nurses' Committee of the National Council of Women, may I again have the privilege of a committee with choice of its members.

Respectfully submitted,

WINNIFRED TILLEY.

#### THE NATIONAL COUNCIL OF WOMEN OF CANADA

Report of Committee appointed by the President to investigate the need of skilled maternity care for the young mothers in the sparsely settled districts, and to find out how far The Victorian Order of Nurses is able to meet it.

Madam President and Ladies:

Your Committee are agreed that the need for more medical skill and nursing care in the sparsely settled districts is very great and urgent. Premature deaths have occurred owing to lack of, or delayed, medical care and efficient nursing.

Child-bearing is a normal function, and theoretically it should not be accompanied by danger or such dreadful suffering as has been depicted. Thousands of women have no other care than they obtain from a kindly neighbor or what assistance their husbands may be able to give; women have themselves performed the necessary operation to complete the birth, and many successful births are accomplished in this way. This is not an ideal situation, but shows that in normal conditions there is not the terrible suffering and danger, but physical defects and the hard life of the women on the homesteads in many cases causes conditions to arise during child-bearing which oftentimes not only permanently affects the health of the mother, but also that of her child, or may cause the death of one or both.

It is often impossible for the mothers to stay in bed the requisite number of days. They have sometimes to care for other little ones, make bread, etc., and this frequently gives cause for serious consequences arising from displacement, but owing to the vast distances the stores are remote, and the mother must provide for the necessities of life for her family. Various illnesses, contagious diseases, and accidents also, suffer greatly from lack of proper medical care and nursing, and premature deaths result.

Rich and poor of whatever nationality, in the thinly settled places of Canada, need more, better, and speedier medical and nursing care.

The Victorian Order of Nurses barely touches the fringe of the problem. A number of country branches have been opened during the past two years, and some new hospitals established from which nurses are sent out, and much good work has been done. The growth of the Order is not fast enough to meet so vast a need, a need which is not confined to one Province, but to all the Provinces of the Dominion. Wherever there are settlers, one family or more, the need is present, and they are usually so poor that it is impossible

for them to contribute to a nursing organization. The cost of help given them in sickness must of necessity be covered in some other way. The care of the sick in the sparsely settled districts is an expensive work; the Victorian Order is not in a financial condition to expand to reach these cases.

Individual efforts have been made by nurses to help the conditions in some districts, but, owing to the long distances between patients, and the lack of means of both patients and nurses, the efforts failed. Under present conditions, it is not possible for a doctor or nurse to make, in the outlying districts, sufficient money to enable them to pay the necessary living expenses.

Our investigations lead us to believe that the providing of adequate medical and nursing care for the young mothers, and also for those who suffer from accidents, organic diseases, and fevers (we feel our duty is not complete unless we mention them in this report), is too large a problem for private individuals or an Association to deal with. The extension of the Victorian Order of Nurses would greatly relieve the situation, but would still leave much to be desired, as the need for more experienced medical skill is as great as that of nursing care.

Some system should therefore be devised, one which would provide medical advice and efficient, careful nursing for all cases—maternity, accidents, organic diseases, fever, etc., to all in need, no matter what the financial condition of the patient may be.

The solution of the whole problem, in the opinion of your Committee, is the provision of small country hospitals, with qualified and competent nurses in charge, and medical skill available. The hospital to furnish both nursing accommodation to all patients who can come in, and a home for a staff of visiting nurses who go out to those patients who from various causes are unable to leave their homes.

This is a large scheme, and could only be undertaken successfully by the Governments.

The Dominion and Provincial Governments spend much time and money in conservation of animal and forest life, and in assisting agriculture, mining and other industries. They have hitherto overlooked to a great extent the preservation of human life, which is without doubt the most important of all.

If a man has a sick beast, he can claim the services of a veterinary at the expense of the Government, but a sick member of his family is without any such claim.

The Government, Dominion or Provincial, should be asked to provide medical and nursing care not only for the mothers, but also for the fathers, sons and daughters, in the outlying districts.

In Manitoba the Provincial Government has appointed six nurses for welfare work in the outlying districts. Their work is purely educational and their object the conservation of child life.

They are also expected to educate the public along such lines as hygiene, prevention of contagious diseases, etc. They will accomplish much good work if they can teach the husbands and fathers that child-birth, though a natural function, does need care and sufficient rest to make a good recovery. Many women complain that they cannot rest after the baby is born on account of the household tasks. The fathers at such times should do the necessary work and make the bread.

The life of the wife and child of a large number of these settlers is not as valuable in their eyes as it should be. There is need of education along these lines.

In Alberta a Free Public Hospital League has been organized, and it is the intention of the League to petition the Government of Alberta to establish free public hospitals. The idea is to form a chain of small hospitals, the cost to be borne by a tax of one cent an acre on all lands. The hospitals to be free as schools are free, kept up as schools are, and placed as schools are placed, wherever there is need and not more than twenty to forty miles apart.

In closing this report, your Committee would like to state they are convinced that any scheme undertaken to help the sick in the sparsely settled districts, to be successful, must have the authority of the Government as well as its financial aid.

This report is respectfully submitted,

WINNIFRED TILLEY, Convener.

MRS. R. BRYCE BROWN: You have heard Mrs. Tilley's report and you have heard Miss Mackenzie's paper. Now, what we want is a discussion on those two. Remember we are here to send some kind of



a protest to both the Government and the doctors, and it must be an intelligent protest and also must be the voice of the meeting. Miss Mackenzie's paper told you exactly the conditions as they exist, and Mrs. Tilley has given you her report, for which she has been a whole year getting the facts from the different Provinces. I want you to discuss these, and I will be very glad if you will express your opinions as freely as possible, but, remember, we have to leave here at 4:00 o'clock. We do not intend to go to the doctors with a report without the backing of the Canadian National Association.

MISS JOHNS: I have a paper that was written by Mrs. McNaughton, who is President of the Saskatchewan Grain Growers' Association. This Association corresponds to the Women's Institute of Ontario, and means that they represent the actual residents of the district, most of whom are engaged in agricultural work.

MRS. R. BRYCE BROWN: We will be glad to hear Miss Johns' paper. It may give us some insight into the layman's opinion.

#### "THE NEED OF NURSING CARE FOR WOMEN ON THE PRAIRIES"

(By Mrs. John McNaughton, President Sask. Women Grain Growers)

The greatest question to-day, in my mind, on the prairie, is the question of Medical Aid and Nursing Care for prairie women.

I would ask you to picture the conversation of a Canadian prisoner, we will say in a German camp, talking about Saskatchewan. What could he tell a German? He could say that our public buildings are second to none in any country of our age, that our public works, our roads, our bridges are second to none; our progress has been phenomenal; and then he could turn around, if he were asked the question, and say that out on our prairies our mothers are allowed to die for lack of medical and nursing care.

I will take the liberty of reading a few of the only statistics available in this Province compiled by the former Medical Officer of the Public Health Department, Regina:

"This part of the world has an evil reputation for motherhood. Is it any wonder? There were 17,282 known births in Saskatchewan during 1914.

"The figures of deaths amongst babies bear out maternity conditions. While there were 1637 known to have died under five years of age, 1293 of them died under one year, 943 under three months, and 553 in the first week of life. The infantile death rate is 74.81 per thousand births, when, from different circumstances, compared with other countries, it ought to be more like 36 per thousand births. It is safe to assume that under improved conditions for maternity at least fifty per cent. of lost babies could be saved, and the Province would be richer by 646 lives per annum."

And this in a country that is absolutely clean! We are on the virgin prairies. Saskatchewan has no slums with their squalor and filth; no underground buildings; there is very little industrial employment of women—conditions which contribute to infant mortality. The chief cause is lack of proper attention during maternity.

To further quote Dr. Rose, who gives facts and figures concerning all the hospitals in the Province, he says:

"We have the startling information that, at the lowest possible estimate, one woman in every three is materially injured in maternity in Saskatchewan."

In 1914, at their Convention, the Women Grain Growers first took up this question. The different delegates related local circumstances and local needs, and their Executive was instructed to work on this question; but from lack of legislative machinery, and lack of knowledge, we seemed to make little progress.

In 1914, the Homemakers passed a resolution asking the Government to grant \$25.00 to every needy mother within the Province. The Government granted their request. To-day \$25.00 can be obtained on application to the local Registrar of Births and Deaths for any needy mother; \$15.00 of this must go to pay part of the doctor's fee. Well, this is something, but it only touches the question.

In the Grain Growers' Convention of 1915 and 1916, much time was spent on the subject of Medical Aid and District Nursing, and strong resolutions were passed, a great deal of interest being aroused.

And now, as regards our present position: Very important changes have been made in the Rural Municipalities Act.

One change provides that the services of a municipal doctor may be secured and his salary guaranteed by the municipality up to \$1,500 per annum. Another change is the Rural Hospital Act, which allows three or more contiguous municipalities to establish a union hospital. A number of such hospitals are under construction but all report great difficulty in securing nurses.

Another change in the Municipal Act states "The Municipalities now have additional powers in providing for the appointment of a nurse for the Municipality" or "granting aid to an organized society for securing the services of such a nurse." These are great steps towards overcoming the financial side of the question.

The greatest difficulty facing prairie workers to-day is that of obtaining nurses. At our Women Grain Growers' Convention in February last, from two hundred odd districts represented, only seven districts were found to possess a qualified nurse. At a meeting recently, a local registrar stated that from thirteen births recently reported to him only two had received any outside attention. I have met with dozens of babies in my prairie travels at whose birth the father had been obliged to act as doctor, nurse and house-keeper.

In my prairie trips I am constantly crossing the tracks of dead babies and mothers, who never ought to have died. It is nothing more or less than national murder. The State guards and protects our hogs and our forests and allows our children to die.

As I stated before, the people are becoming more ready to contribute their share financially; if the Government will do its part and the nurses theirs, the question can be dealt with. Western Canada to-day is calling for nurses, practical women filled with missionary zeal, women with vision.

The Canada Sub-Committee of the Colonial Nursing Association sends the following splendid expression to me:

"The great object before us is to co-operate with the Dominion, not to initiate, but to follow Canada's lead, right away into those outlying districts where the need for adequate midwifery and care of child life is so well known. The solution of the problem may not be easy, but neither is it impossible, for where mother and child can and do go, there the trained nurse, the certificated midwife, whoever is to bridge the river, must surely follow. It would be against the spirit of our race if this difficulty once realized was not adequately met."

The path of the missionary nurse would not be easy. Too often the house consists of one room; if the weather is severe the new baby must be born practically in the presence of the family.

Too often no soft-water; sometimes both mother and child have to wait whilst efforts are made to procure soft-water.

Too often, if the nurse cannot do the maternity washing, it must wait until the mother is able. Probably she cannot change again until that washing is done.

Too often it is impossible to get anyone to look after the rest of the family. The cooking, etc., must all be done in the one room with the patient.

Too often the nurse has to contend with peculiar and unsanitary prejudice on the part of the patient and friends, particularly if non-English-speaking.

Too often the doctor cannot be obtained.

Too often no suitable utensils for the nurse's use.

Added to this are journeys by ox-wagon, stone-boat, and every description of vehicle, in every kind of weather. In one case I personally know of, the husband drove forty miles for the nurse. Returning with her he found the river had risen. They were obliged to camp under the wagon for 24 hours on the river's bank. When they reached their destination they found the mother very sick, with a dead baby beside her.

On behalf of the pioneer women of these Western Prairies, these lonely Daughters of the Empire, may I, in the interests of National Service, ask the Canadian National Association of Graduate Nurses for a token of interest in this very vital problem?

Respectfully submitted,

VIOLET McNAUGHTON.



MRS. R. BRYCE BROWN: Now we would like a discussion on these papers. Miss Randal had the pleasure of meeting Mrs. McNaughton in Winnipeg, and perhaps she would like to tell us something of what Mrs. McNaughton thought.

MISS RANDAL: One of the greatest privileges I think I ever had in my life was going to the National Council of Women's Convention. We met Mrs. McNaughton after she had written this paper, and, through a very wise move on the part of one of the Manitoba nurses, a luncheon was arranged. It started in quite an informal way, but it grew until we had fourteen people, including Mrs. McNaughton and Mrs. Plumptre, of the Red Cross Association, who was interested in this Association; Dr. Margaret Gordon and a number of laity, as well as nurses, and we seemed to get at the bottom of things at that luncheon more than we would at a half dozen meetings, and Mrs. McNaughton thought that after all the problem of maternity nursing was only a small part of the problem, and that the midwife or the maternity nurse, unless each one were a classified nurse, was not going to fill the bill at all. It had never occurred to her that the midwife would be perfectly helpless with nine-tenths of the cases that came her way. It was a remarkable change of view. Then the feeling seemed to be that half of those women go out and live under those conditions. Then it came out that they do the same thing in China and other places with the missionaries. They said: "You cannot find a proper place for them to live unless you provide them with a good salary." Another thing that was brought up was the "small" hospital's bill, both in Saskatchewan and Alberta, which received a certain amount of criticism. One of the criticisms by Mrs. McNaughton was that where the voters were foreign they had great difficulty in getting them to pass the money to build those hospitals, and they could only build these by having the money voted by the municipalities. That seemed to be quite a solution as far as buildings were concerned, but the nursing problem still remained the same. One difficulty is that, owing to the difficulty in providing suitable training, they did not want to start training schools in little bits of hospitals. I think that was about the sense of the luncheon. Miss Johns was there and she can probably add to this or correct me.

MISS JOHNS: I think Miss Randal has admirably covered the ground. We were glad to be able to state that the luncheon did prove profitable. You have to meet Mrs. McNaughton to appreciate that paper. She has sensed the educational problem involved, and that to us was most refreshing.

MRS. LANGILLE: I had the privilege and the honor to be proxy for Mrs. Tilley at the National Council of Women, and we had a discussion on Mrs. Tilley's report and I was not allowed to finish the reading of her report. In Mrs. Tilley's report she made the statement that was just read that she thought if conditions were made better in the rural districts there would be no trouble getting the nurses to go there,

and at the public meeting that question was also asked me, and I must confess I was at a loss to say whether nurses would go. I said I hoped in the nursing profession we had enough nurses with missionary spirit to go, but I could not say they would.

I think that was the feeling amongst the women of the prairies, that the nurses would not go there and put up with hardship, consequently they have recourse to the midwife. I think the rural women think that these midwives will undertake work that a graduate nurse will not. I don't say that is true. I would not like to admit it was true, and when the question was put straight to me I said I would not admit it was true.

MRS. R. BRYCE BROWN: I think a great many people have that idea, that a trained nurse will not stop in the home of the West. I don't think it is the fact, because in my experience most of the nurses have been willing to do what is necessary, but it has been true in a few cases, so we are all blamed.

MISS STANLEY: From the papers it would almost appear as if the Government had been altogether slow to respond, and the only thing I think might happen is that they don't know enough of our side of the question, and I think they ought to be educated to it. I think if the Government would take over this work, or be approached in some way, that they would look at it and be advised by those most interested in the medical profession and the nurses. I think a happy solution could come of the meeting.

I am sorry to think nurses will not go to those great needs, but at the same time I also do know, as I said in the Superintendents' Convention, that if all our graduates were to volunteer there would still be need; we have not enough, so I think the Government's duty would be to build homes sufficiently large to increase our nurses up to three times what we have, and in that way I think they very soon would have their field equipped.

MISS RANDAL: Our need is now and it was plainly put. You can see the handwriting on the wall.

MISS STANLEY: I think we must do the best we can and yet force the Government's hand. The Government has the money bags. We have not.

MRS. ARMSTRONG: In regard to the rural question, in Mrs. Tilley's report, that report came in from Alberta. The act had not been passed when I sent my report to Mrs. Tilley. Since then it has gone through the House, not exactly as we wanted it to go through. What I mean by this is the women of Alberta were behind that. It was not the nurses. I am only sorry to say the nurses were not the ones who brought it back. It was the women of Alberta, through their Women's Institute. They, knowing I was a Registrar for Alberta, asked me to speak on that to them. It was a small town, Hayesland, in a small house, and the place was packed. They said: "Why should we go into the State Hospital and have to go into a public ward as a pauper because we



cannot come through with our \$25.00 a week?" They were treated as paupers for the simple reason that they could not pay the fee for a private room. If seven people in a district have seven children or have more children, they can petition and they can get a school. If a man has a valuable horse or cow or even a hog that is sick, by sending word to the Minister of Agriculture he can immediately have a special train with the very best veterinary surgeon in the Province sent immediately up there for his animal, and his wife can die and he could not get medical assistance for her. You cannot blame it on the medical men, because those men have to go a long distance. The nurse, as you know, cannot cope with those conditions alone. A graduate nurse will not go into a place and take care of a pregnant woman alone. She will not assume the responsibility of child-birth alone. That is what the midwife will do, and she is willing enough to assume the responsibility because she does not know the difference; it is ignorance on her part. When a nurse is required to go alone you cannot blame her for assuming the responsibility, but under the Act the idea is the hospitals are placed twenty miles apart. That means a distance of ten miles each way to the nearest hospitals. In placing these hospitals, the residents of the district can sign a petition that they want this hospital, then the Government will place the hospital with fully qualified doctors and nurses. Alberta says those hospitals shall be equipped with fully qualified nurses and registered medical men of the Province of Alberta. We are very proud of it, so I think we are a little ahead, probably, if we are young. In the eastern Provinces you have very old established customs, and there is an old saying, "Much can be made of a Scotchman if he is caught young," and we have caught Alberta young. Our doctors and nurses work there very harmoniously; besides, we continuously hammer away at our Woman's Association. I myself am Convener of the Woman's Association of Nurses in the Canadian Council of Women of Edmonton. Miss Mackenzie hammered away at the National Council of Women until she got that committee appointed in the different Associations. Any requests that come up in outlying districts for certain hospitals are turned over to her, and the committee is composed of nurses from certain hospitals, so I think that the only solution of the difficulty is those Rural Hospitals. That is my experience in going around through the prairie countries. If there was an organization that would go forward and pay part of the fare or her fees—of course if a doctor goes that is his only means of revenue—but when she is on that case that is all she is getting, and unfortunately the latitude does not allow nurses to do without the usual quantity of clothing as other people. There is no sense at all in laying the blame back on the nurses as we constantly get it.

MRS. R. BRYCE BROWN: Certainly the Rural Hospital is going to help that a great deal, and Alberta is going to show us some example. The difficulty is the distance they have to go and the difficulty in getting there, especially in the winter time.

MISS STANLEY: Did I understand the last speaker to say there were no Training Schools in connection with the hospitals, all registered nurses?

MRS. R. BRYCE BROWN: All registered nurses.

MISS JOHNS: Would it be possible to have some one from this organization sent to confer with the doctors on this matter so that it could be put before the Government in some practical form?

MRS. R. BRYCE BROWN: The Dominion Council met on Monday and Tuesday in Ottawa, and they will not meet again for a year. The doctors we are going to this afternoon represent the Dominion Medical Association. They asked us if we would go and see them to-day. I think their idea is to send a protest to the Government and also to any organization that has any idea of employing midwives.

I think Miss Mackenzie could tell us about who to see. In the majority of the Provinces, if they introduced a midwife as a midwife, they would immediately be arrested, because it would be against the law. I am speaking of British Columbia at this time, because it is the only one I know. If in British Columbia anyone tried to introduce a law as was tried last year to allow midwives in British Columbia, they would run up against the fact that they do not allow midwives in British Columbia unless the doctors open their Act, and the doctors are not willing, but all our trouble in British Columbia is coming from one of our medical profession.

MISS RANDAL: Is it not a fact that all the legislation in connection with this is not done through the Dominion, but through each Province?

MRS. R. BRYCE BROWN: We have to go through our own Province, but as far as British Columbia is concerned we are safe; but they can put a midwife in there and call her a nurse until we catch her at it. The burden of proof rests with us, and we as nurses will have to get that proof.

MISS MACKENZIE: I might say, in regard to the midwife question, that the people in the Old Country that are agitating for it think that their great support comes from British Columbia. I have seen a number of letters to the Duchess with regard to that, and it was mentioned in one of them that last year British Columbia asked for a Midwife's Act, that it was turned down, but that this year it was going to be asked for again and they would almost be sure to get it. That is just supposition.

MRS. R. BRYCE BROWN: This doctor (Miss Mackenzie knows as well as I do who it is) was our Provincial Secretary and also Minister of Education, and the nurses introduced the bill and we took it up to him and asked him to do something with it. I never knew what happened. We never knew what happened or what influence was brought to bear. We went away feeling that our bill was being taken care of, but it



had not been touched. The next year he said he was going to help us. We found out that he was working against us. Our bill last year, as many of you may have known, got up to its third reading. If it had ever gone through, the nurses in British Columbia would be five times worse off than they are to-day. The member who was introducing it wired us and asked what to do. It was still his privilege not to mention it, to let it die without anything further being said about it, so we wired him back not to do anything. This doctor was so determined to have this bill that he brought it up, which is a thing that has never happened before, that another member would bring up a bill which a member introducing it was trying to let die. He brought it up, and the members who were standing by our member rallied around it at once, and one of them immediately jumped up and moved that it be postponed until the following Thursday. It was put through the meeting and carried, and nobody realized that on the following Thursday there would be no members present, as Parliament would have adjourned; so that is just how near we came to having midwives in British Columbia. This year we did not introduce any bill. Each Province has to make the proof. I am going to ask Miss Gunn to say something on the subject.

MISS GUNN: I know a great deal more about it now than when we started here, but I think probably it would be a very excellent thing to approach the different Provincial Governments on the subject, but I don't think there is very much use approaching the Government, taking up their time, unless we have something definite to propose, and it seems to me that the duty of the nursing body is to supply the nurses, provided the municipalities supply the hospitals and the funds. I think this is where our duty is, to supply the nurses for those hospitals and to fill this need. But Miss Stanley says the nurses are scarce at the present time, but it will take some time to build hospitals and to have the plan formulated and carried out. I don't think we should expect them to go there and spend their lives on the prairie. I think a great many of our young graduates would willingly go for a year or two of service, and I feel quite sure that the nurses of Canada would respond to the call if it were put to them properly and if they had a liveable salary assured while they were on that service. A great many of our nurses have to support themselves, and I think we will have to depend on our younger nurses for this service before they start in any special line of work. It would be an excellent preparation for public health work or any form of work they wished to take up. But I think any of the nurses, before they have formed associations, before they have started in any set branch of work, would respond to this work if it were put to them properly.

MISS DYKE: Years ago, when the Government did not provide teachers, the teachers had to go out on their own responsibility, and the nurses also are in the same state, and I think Miss Gunn's suggestion that they give a year or two of service is a most excellent idea. If the

Government would undertake their share of the responsibility we might be able to undertake ours.

MRS. R. BRYCE BROWN: Where they use midwives most is in the crowded districts, and most of the crowded districts have a large foreign population, because they will not have a doctor, but how they are going to help us in this country, where we have not got crowded districts, I don't know, but I think we ought to send to our doctors who are meeting here, and who have asked us to meet them, and state if we are willing to stand by them and if our big hospitals think it can be arranged, and put it before the pupil nurses as they graduate to give this year of service; to go to the doctors and say we feel sure that we as nurses can supply the demand if the Government takes the responsibility, and I don't think we would have to worry any more, as the doctors would look after it for us, but, if you go to them and do not give them any solution, they are likely to go ahead and do it because they have something to work on.

MRS. JOHNSON: I would like to recommend that this national body, this Nurses' Association, recommend to the Provincial Associations that a large, strong committee be appointed to interview the Governments of each Province, and to state through them that the nurses are willing to supply nurses for those fields if they will supply the funds and get the hospitals ready.

On a vote being taken this motion was declared carried.

MRS. R. BRYCE BROWN: I would like to have something definite to say to the doctors this afternoon.

MRS. JOHNSON: I was told the doctors were very sympathetic. It is a great help if you have to talk to people who are in sympathy with the point at issue.

MISS STANLEY: I move that the President be authorized to convey the message to the Canadian Medical Association of Montreal.

The motion was seconded by Miss Des Brisay.

MISS MACKENZIE: Suppose the doctors ask for ten nurses next week?

MRS. R. BRYCE BROWN: If the doctors ask for ten nurses next week I will guarantee to get them.

A paper on "The Hospital in Relation to Social Service" was read by Miss Cole, social worker, Montreal Maternity Hospital.

The meeting thereupon adjourned until 8:30 p. m. June 14th, 1917.

#### EVENING SESSION, JUNE 14TH, 1917.

Session opened at 8:00 p. m., the President, Mrs. R. B. Brown, presiding.

The first paper was "The Hospital in Relation to Social Service," by Miss Cole, Montreal. This was partially read in the afternoon session, but was completed at the evening session.



Next paper, "Child Placing," by Miss Mary Stirrett, Department of Public Health, Toronto.

Paper on "Military Nursing Overseas," by Nursing Sister J. Scott, Canadian Army Medical Corps, and read by Miss H. Randal, Vancouver.

Next paper, "Nursing Ethics," written and read by Miss Elizabeth Robinson Scovil, R. N., Georgetown, N. B.

Last paper, "Nurses' Work in Women's Institutes," written by Miss Kennedy, Victoria, B. C., and read by Mrs. Johnson, Vancouver.

After some discussion on the above papers the meeting adjourned.

FRIDAY, JUNE 15TH, 1917, 10:15 A. M.

The meeting was resumed.

MRS. R. BRYCE BROWN: I will ask Miss Gunn to read the report of the "Eligibility Committee," Miss A. E. Gilroy, Convener.

The above paper was read and its adoption moved by the reader thereof.

MISS GUNN: Since I have been Secretary, during three years, I have had so many applications for membership from nurses as individual members, and in the National Association the policy is to have the nurse become a member of our local organization, that is, affiliated with the Canadian National, but not to become an individual member. Miss Forgie, of Guelph, had also applied for individual membership, and the better plan is to support the local organization and become a member through affiliation.

MRS. R. BRYCE BROWN: We will now take the reports of the affiliated organizations.

Madam President, and Members of the Canadian National Association of Trained Nurses:

I beg to submit the following report of the work of the Graduate Nurses' Association of British Columbia for the past year.

During the early months of the year our efforts were centred mainly on Registration. Our Bill had been drawn up for some time, and two unsuccessful attempts made to get it before the Legislature in previous years. During April and May, 1916, we succeeded in getting the Bill through Committee and the first and second readings. It had an extremely stormy passage, however, and amendments of such a contentious nature were introduced, imposing conditions that could not be accepted, that the Bill was withdrawn before the third or final reading. The work of making surgical supplies for the British Columbia Base Hospital at Salonika has been continued; three large shipments containing surgical supplies, bandages, etc., have been sent; also 135 pairs of socks; 49 comfort bags were also made for the Red Cross Society.

The nurses overseas were not forgotten at the Christmas season, a greeting card and a handkerchief being sent to each nurse who had gone from British Columbia—100 in all. This perhaps sounds small for the work of a provincial organization, but the fact that it is a provincial organization and that the members are scattered all over the Province, and working for the various organizations where they reside, means that the work credited to the Provincial Association was done by half a dozen or eight nurses in Vancouver, and is not, strictly speaking, representative of the Association.

ELIZABETH G. BREEZE,  
Secretary-Treasurer.

Report read by Miss Armstrong; its adoption was moved by the reader.

Report read by Miss Dickson; its adoption was moved by the reader.

Report from the British Columbia Nurses' Association, read by Miss Randal; its adoption was moved by the reader.

Report of the Manitoba Association of Graduate Nurses, read by Miss Johns; its adoption was moved by the reader.

Report from Collingwood General and Marine Hospital, of Collingwood; its adoption was moved by the reader.

Report of Grace Hospital Alumnae Association, Toronto; its adoption was moved by the reader.

Report of Kingston General Hospital; its adoption was moved by the reader.

Report of Montreal General Hospital; its adoption was moved by the reader.

Report of the Royal Victoria Hospital, Montreal; its adoption was moved by the reader.

Report of the Toronto Western Hospital Alumnae Association; its adoption was moved by the reader.

Report of the Toronto General Hospital; its adoption was moved by the reader.

Report of the Victoria Hospital of London; its adoption was moved by the reader.

Report of the Canadian Nurses' Association of Montreal; its adoption was moved by the reader.

Report of the Canadian Association of Nurses Educational; its adoption was moved by the reader.

Report of the Alberta Association of Graduate Nurses; its adoption was moved by the reader.

Report of the Nova Scotia Graduate Nurses' Association; its adoption was moved by the reader.

Report of the Saskatchewan Graduate Nurses' Association; its adoption was moved by the reader.

Report of the Vancouver Graduate Nurses' Association; its adoption was moved by the reader.

#### COLLINGWOOD ALUMNAE REPORT

During the year there have been held eleven meetings; there have been six of our graduates gone overseas, two with the Queen Alexandra Imperial Nursing Service, and four with the C.A.M.C.; two of the nurses, as well as our Superintendent, Miss M. Y. E. Morton, are in the Ontario Military Hospital, Orpington, Kent; one nurse is in Malta, and one in France; the others so far are in London. Miss Mary McCullough (one of the former graduates), has taken Miss Morton's place as Superintendent of the General and Marine Hospital, Collingwood, till her return, with Miss Gilpin (Class 1916), as head nurse. Two more of the nurses expect to go overseas almost any time; five of the nurses have been married within the year.

The nurses have been busy meeting every Saturday afternoon to make surgical supplies for the Red Cross; each month we have used \$10.00 worth of absorbent and gauze, which we have dispatched to the hospitals through the Red Cross. Also at Christmas we made up 50 parcels, which were sent



to the Ontario Military Hospital, Orpington, Kent, England, for the wounded soldiers; each parcel contained a Christmas cake, chocolate and nut bars, cigarettes, gum, tooth brush and handkerchief, and the decoration for a ward of fifty patients, money for which we raised by a baking sale.

The nurses, when off duty, have been helping every Monday evening and Friday afternoon at the Collingwood branch of the Red Cross.

Respectfully submitted,

E. M. DAWSON,  
Secretary.

Collingwood, Ont., May 26th, 1917.

#### REPORT OF THE GRACE HOSPITAL ALUMNAE ASSOCIATION FOR YEAR ENDING APRIL, 1917

During the past year six regular meetings were held, with two special meetings; one, being of a social character, held at the summer home of the President.

Owing to so many of our nurses being engaged in military work (thirty-two serving overseas and twelve doing home-duty), the Association has been unable to undertake any special work. Early in the fall of 1916 the members of this Association joined the other Associations in Toronto in providing boxes of Christmas cheer for the overseas nurses. The boxes were sent direct by mail, and arrived at their various destinations in good condition. Many letters of appreciation have since been received from the nurses.

#### ANNUAL MEETING OF THE NURSES' ALUMNAE ASSOCIATION, KINGSTON GENERAL HOSPITAL, MAY 1st, 1917

The Annual Meeting of the Nurses' Alumnae Association was held in the Nurses' Residence on May 1st, at 3 p.m., the President, Mrs. George Nicol, in the chair.

The Secretary's and Treasurer's reports for the year were read. The adoption of the reports as given was moved by Miss Boskill and seconded by Miss McCallum.

The election of officers for the year 1917-1918 took place, with the following results: Honorary President, Miss Claudia Boskill; President, Mrs. George Nicol; First Vice-President, Mrs. S. Campbell; Second Vice-President, Miss Emily Baker; Secretary, Miss Florence Hiscock; Assistant Secretary, Miss O'Neill; Treasurer, Mrs. Howard Marshall; Corresponding Secretary, Mrs. George Williamson. Meeting adjourned at 5 p.m.

GEORGINA NICOL,  
President.  
GRACE CRAWFORD,  
Secretary.

During the Alumnae year ending May 1st, 1917, there has been held five regular meetings and one special meeting. At present there is a total of sixty paid-up members.

A registry for nurses is still maintained at the Kingston General Hospital, twenty being registered for call.

At present there are about fifty graduates of the Kingston General Hospital on military duty. Of these twelve are in the convalescent homes in the city and thirty-eight in England and France. We are proud to report that four of our nurses are holding positions as matrons: Miss Bradley at Ongwanada, Kingston; Miss B. Willoughby, General Hospital No. 7, France; Miss F. E. McCallum; Miss C. McAllister, Canadian Special Hospital, Brixton, England.

We are glad to report that three more of our nurses have been decorated with the Royal Red Cross, making five in all—Miss Willoughby, Miss McCallum, Miss Mercer, Miss Baillie and Miss McLeod. At Christmas the Alumnae sent to each Kingston nurse overseas a Christmas greeting, accompanied by a well-filled stocking; a box containing tobacco, toilet soap and chocolates was sent to Miss McCallum to aid her in filling stockings for the patients in the hospital of which she is matron.

In November a tea and sale was held, at which a substantial sum was realized. It was decided to spend the money for any urgent appeal that might

come to the association. In answer to an appeal from Dr. Gordon Chown, a generous supply of head dressing used in first-aid were made and posted directly to him. A request also came from Miss McCallum asking the Alumnae to aid her in getting better equipment in her hospital in order that the patients entrusted to her care might be made as comfortable as possible. In answer to this a sum of money was sent, which has helped to fit out a kitchen. We are especially pleased to know that Miss McCallum has received congratulations from the colonel in command, and also from the late Duchess of Connaught and Princess Patricia, who paid her hospital a visit.

Another call came from Lieutenant Stewart for socks for his men, and a generous donation was sent; also a quantity of stationery. Word was also received through Lieutenant-Colonel Long that the First Division, Canadian Ammunition Column, were badly in need of socks, and in answer to this the socks were sent.

The Alumnae has also helped in the up-keep of the Nurses' Residence by providing a quantity of linen.

Two nurses are appointed monthly, alternating with the Chapter, to visit and send flowers to any nurse who is sick.

In January an interesting address was given by Miss Machar on "The Work of the Women's National Council." Four members of the Alumnae were sent as delegates to the annual meeting of the above Council.

Miss Jean McCallum was sent as our delegate to the convention of the Ontario Graduate Nurses' Association, held in Hamilton, April 7th.

Our aim has been to give where the call was most urgent and to help wherever it was possible, whether at home or overseas. We trust that our efforts have been the means of enabling some one to realize that surely some one cares, and by that thought be led to the One who is ever mindful of us all and whose example we are trying to follow.

GEORGINA NICOL,  
President.

G. CRAWFORD,  
Secretary.

#### MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION.

To the Secretary of the Canadian National Association of Trained Nurses:

The following is a condensed report of our work during the year:

There were eight regular meetings and one special meeting called during the year 1916-17. The average attendance was much lower, owing to the fact that so many of our graduates have gone overseas.

Feeling that it was an imposition to ask the doctors to address any of our meetings owing to the stress of work during this time of war, one of our members suggested we take up Red Cross work, which suggestion was accepted unanimously, so that surgical supplies and knitting have occupied our time at the meetings and at home.

One important matter of business to us, which was brought over from last year and decided upon this year, was the suspension of the Register of the Montreal General Hospital Alumnae Association. It is with great regret that we report this, but we hope to be able to resume it, at least, after the war.

At the annual meeting of the Association the sum of \$120.00 was voted to the Canadian Prisoners' of War Fund, to be forwarded through the Edith Cavell Chapter, I. O. D. E.

The Treasurer of our Sick Benefit Fund reported the investment of this money (amounting to over \$5,000) in War Loans, which we hope will enable us to use the fund in about two years.

There are 140 paid-up members on our books.

Respectfully submitted,

F. E. STRUMM,  
Recording Secretary.

#### REPORT OF THE ALUMNAE ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL.

The Association reports ninety members on active service. In 1915 the Association financed a nurse to La Parme, Belgium, for four months' volun-



tary service. In 1916 we raised \$150.00, which was used to support five prisoners of war for six months. This was given through the Edith Cavell Chapter of the I. O. D. E., which is composed of graduate nurses of all hospitals, and who have since taken up the work and now support six prisoners.

Work meetings are held once a week, and through this connection the members of our Alumnae carry on their war work. In April of this year the Alumnae raffled a hand-painted vase, done by a member and realized \$60.00, which was given to the Prisoners' of War Fund.

#### TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Toronto, May 26, 1917.

During the year our Association has held five regular meetings and four executive meetings.

Outside of the regular routine business, the Alumnae keep a supply of yarn, which is given out to members. During the year eighty-three pairs of socks have been knit. Fourteen pairs of these were donated to "Secours Nationale."

In order to raise funds for patriotic purposes the Alumnae gave two very successful dances.

Twenty-two of our members are serving their King and country overseas, one of whom has been decorated by the King for bravery under fire. The Alumnae pay the fees of these nurses while they are on active service.

We feel that our Alumnae has had a very successful year.

M. ISABEL GILROY,  
President.

#### THE ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

Miss J. Gunn, Secretary Canadian National Association, Toronto:

Dear Miss Gunn: In answer to your request on behalf of the Canadian National Association for a report of work done by the Toronto General Hospital Alumnae during the past year, I am heartily ashamed to say "none." The one thing the members did was to contribute very generously towards the Christmas boxes sent to Graduate Nurses resident of Toronto on active service. Other than this we have done nothing as an Alumnae, although many members were constantly knitting for friends overseas. Faithfully,

N. HILLARY AUBIN,  
President.

Toronto, May 29th, 1917.

#### VICTORIA HOSPITAL, LONDON, ONTARIO.

The annual report of the Victoria Hospital Alumnae Association for the year ending May 31st, 1917:

During the past year seven meetings have been held, with a fair attendance, so many of our Association having gone for duty overseas. The number of members enrolled in our society is sixty-nine, and we have collected \$130.50 during the year.

Our meetings are held on the first Tuesday of each month, and, apart from the business meetings, we have held five educational, at which addresses were given by some of the leading men in our medical profession in the city. We were also greatly favored in having Miss Davies address us on her work overseas.

In September we decided to send our graduates who were overseas Christmas boxes, each member contributing \$1.00 towards this purpose. The boxes were packed and mailed in October, and all have been received in safety.

Another of the features of our year's work was the founding of the "Isabel Hampton Chapter" of the I. O. D. E., composed of fifty members, graduates of St. Joseph's and Victoria Alumnae. They meet every Wednesday afternoon, and much good work is being done for the Red Cross.

MARY FORSYTH,  
Secretary V. H. A. A.

## REPORT OF WORK DONE BY THE CANADIAN NURSES' ASSOCIATION OF MONTREAL.

During the past year the work of the Association has been carried on with increased vigor, notwithstanding the fact that our membership is constantly changing, so many leaving for overseas service. Several new members have joined the ranks, and some of these have manifested a keen desire to help in all departments.

In July last a proposition was put before the committee asking the Association to be responsible for a booth at the Military Benefit to be held in October. The proposition was accepted, the members entering most heartily into the work, and, thanks to the help of many friends, were able to make a good showing and to hand over a substantial sum to the Soldiers' Wives' League, who had charge of the bazaar.

In February an appeal was made in behalf of patriotic and Red Cross work, and was generally responded to.

The Nurses' Chapter of the I. O. D. E., which was formed shortly after the murder of Edith Cavell, and which is known by her name, has met every Tuesday afternoon, and the report of work done is as follows: 1,200 pairs of socks, 200 scarfs, 100 pairs of mitts, 200 caps, several cases of dressings, pads, etc. Five prisoners of war have been cared for, funds having been sent to Lady Drummond to supply them with food, and at the annual meeting of the Chapter it was agreed to undertake the care of another prisoner. The members of the Montreal General Alumnae undertook the care of two, and the Women's Hospital Alumnae the care of one. The work of caring for the prisoners was first undertaken by the graduating class of the Royal Victoria Hospital and afterwards carried on by the Chapter. One of the members of the R. V. H. Alumnae donated a very handsome vase, to be raffled partly for the Prisoners' Fund, and the sum realized from that was \$70.

A large number of our members have done voluntary work in the Khaki Homes and Convalescent Hospitals, helping in every way to cheer and comfort the men who have done so much for us all. Some of our members have joined the A. M. C. for Home Service and are working in the Military Hospital.

The work of the Mothers' Friendly Club, which was undertaken by the Association in December, 1913, has been kept up. The interest the mothers themselves take in it increases each year, and it is wonderful to see how they have developed. At first they were like a lot of children out to be amused. Now the officers are all elected from among themselves. The President conducts the meeting, the Secretary reads the minutes, and the Treasurer gives the financial statement for the month. Useful Hints forms an important part of the meeting; anyone who has learned something useful since the previous meeting passes the knowledge on to the others. These Useful Hints are entered in a book, which is fast becoming a most instructive volume. These women have done much for the soldiers, too, and many of them have given their all for King and country and are eager to do what they can for the returned men. They presented a fine standard to the Belmont Convalescent Home during the winter, among other things.

The work of the Registrar has been heavy, a larger number of cases being attended to than during the preceding year, many calls having to go unattended.

Lectures have been given in the clubhouse on the first Tuesday of every month. This year they have been more varied in nature: "Missionary Life in Central Africa," "Infection," "Hospitals at the Front," "Nature's Great Incubator," "Punch." Several of these lectures were illustrated, which made them so much more interesting.

HELEN A. DES BRISAY,  
Secretary-Treasurer.

## THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

Dear Miss Gunn: I am unable to send you a report of the Canadian Society of Superintendents of Training Schools for Nurses, as we only have an annual meeting, and our executive is scattered from coast to coast, so we cannot even have a regular executive, but I feel sure the committees have been doing good work, which will be shown by their reports at the annual meeting.

Yours truly,

E. G. FLAWS.



## ALBERTA ASSOCIATION OF GRADUATE NURSES.

Edmonton, Alberta, May 29, 1917.

To the President, Officers and Members of the Canadian National Association of Trained Nurses:

In response to the letter of your Secretary of May 8th asking for a brief report of the work of the Alberta Association of Graduate Nurses for presentation at the annual meeting of the Canadian National Association of Trained Nurses, to be held at Montreal on June 14th and 15th, I have the honor to submit the following:

The Alberta Association of Graduate Nurses was incorporated by an Act of the Legislature of the Province of Alberta, assented to April 19th, 1916.

On June 20th of the same year the first election of a Council was held, the following being selected by their fellow members of the Association to manage its affairs for the two years ending July 1st, 1918:

Miss Eleanor McPhedran, R. N., Superintendent Military Convalescent Hospital, Ogden; Miss Emma J. Smith, R. N., Superintendent General Hospital, Calgary; Miss N. Gilmour, R. N., Superintendent Royal Alexandra Hospital, Edmonton; Mrs. R. W. R. Armstrong, R. N., Edmonton; Miss Edith M. Rutherford, R. N., Calgary; Miss Victoria L. Winslow, R. N., Superintendent General Hospital, Medicine Hat; Miss Lottie M. Edy, R. N., Assistant Superintendent General Hospital, Calgary.

Owing to the deeply lamented death of Miss Gilmour in August last, a vacancy was caused in the Council, which was filled by the selection of Mrs. K. Manson, R. N., of Edmonton.

The members of the Council were intensely grieved by the loss of their fellow councillor, Miss Gilmour, as she was held in the very highest esteem by all who had the privilege of knowing her, and more particularly by those with whom she was associated in matters pertaining to the profession of nursing, of which she was such an honored and valued member. In the words of one who was closely associated with her for years, "She was always unwavering in her devotion to duty, guided by the highest principles, and exerting upon those about her an influence which was at all times good and helpful."

The first meeting of the Council was held at Calgary in October, 1916. At this meeting the following officers were elected:

President, Miss Winslow; First Vice-President, Mrs. Armstrong; Second Vice-President, Miss Smith; Secretary-Treasurer and Registrar, Miss McPhedran.

By-laws were adopted at this meeting and plans perfected for securing as members of the Association nurses of the Province who had the necessary qualifications. That these plans bore fruit is shown by the fact that there are now 254 names upon the members' roll.

In March, Miss McPhedran answered the call for nurses for overseas service and resigned her position as a member of the Council and her office as Secretary-Treasurer and Registrar.

Miss C. M. Campbell, R. N., the successor to the late Miss Gilmour as Superintendent of the Royal Alexandra Hospital, Edmonton, was chosen to fill the vacancy in the Council, and Mrs. Armstrong was appointed as Secretary-Treasurer and Registrar.

The Provincial Association as such has not taken an active part in war work, but its officers and those of the Local Associations have been instrumental in securing volunteers for the Canadian Army Medical Corps. Complete figures are not available of the number of nurses who have left Alberta for overseas, but it might be mentioned that one party of ten fully qualified nurses left Edmonton the latter part of March and are now on duty overseas. Other parties of twos and threes have been sent from time to time. Many have also gone from Calgary, Medicine Hat and other parts of the Province. It may be of interest to note that one of the requirements of the military authorities is that all applicants must be Registered Nurses.

At the last session of the Alberta Legislature an Act was passed entitled "The Municipal Hospitals Act," more commonly known as the "Bill for Free Hospitals." While the Act does not establish free hospitals, it permits municipalities to build, equip and maintain hospitals at which all residents of such municipalities may be given free hospital accommodation and medical attendance at the expense of the municipalities, such expense to be met out of the revenue derived from taxes levied. One feature of the Act that is of interest

to the members of the nursing profession is that only properly qualified doctors and Registered Nurses shall be attached to these hospitals.

While in the past there has been some opposition to the registration of nurses from various sections of the Province, and even from some members of the medical profession, it is gratifying to know that as the objects of the Alberta Association of Graduate Nurses are becoming better known, and the provisions of our Act of Incorporation more widely understood, the opposition is gradually weakening and more encouragement is given us to persevere in our efforts to increase the efficiency of the nurses in our province and to raise the standard of our profession in Sunny Alberta.

Respectfully submitted,

LILIAN C. ARMSTRONG, R. N.,  
Registrar Alberta Association of Graduate Nurses.

#### REPORT OF NOVA SCOTIA GRADUATE NURSES' ASSOCIATION.

During the past year our monthly meetings have been held regularly at the Woman's Council House (excepting when invited to the houses of members), and have been well attended; eminent speakers have addressed us, and we have enjoyed light refreshments and a social hour.

We have admitted thirty-eight new members. The matrons of the Military Hospitals (station, convalescent and temporary), and the Superintendents of the leading hospitals throughout the Province are members. Thirty-eight are serving our country overseas on military duty.

We have made application to the Transport Office at Halifax for the privilege of meeting returned nurses for reception and entertainment, and have been informed that we will be notified.

An important branch of our work is the Registry conducted by us in Halifax, the only one in this Province.

At our last annual meeting it was resolved: "That, owing to the fact that in the past this Register had supplied nurses whenever called upon, without remuneration, which gave nurses who were not contributing to the support of the Association equal privileges with its members, in the future the Register conducted at Restholm shall enroll only names of Graduate Nurses who are members of the Association."

A change in location was necessary, owing to the closing of Restholm and the resignation of our Registrar, Miss Pemberton, whose unselfish work in the best interests of our members was highly appreciated; her resignation was regretfully accepted.

Through the courtesy and co-operation of the Board of the Children's Hospital, it is now conducted at that institution under the personal supervision of the Superintendent, Miss Bamford, R. N., of Rhode Island.

A delegation was recently granted an interview with the Executive of the Halifax County Medical Society, who expressed their approval and appreciation of the work being done by us in this branch, and assured us that they would place our interview on record with the County and Provincial Medical Societies.

Our financial condition is fairly satisfactory, but our expenses are heavy, as the expenses of the Registry are met entirely by our dues, which are our only source of revenue.

We have affiliated with the Local Council of Women, with the usual representation at its meetings, the President and two delegates.

We have resolved: "That we place ourselves on record as approving of the advisability of granting the franchise to the women of Nova Scotia," and, at a recent public hearing in the House of Assembly "of a Bill placed before the Legislature at this session," we were represented in the delegation of speakers, which was representative of professions, societies and independent women.

The St. John Ambulance Association appealed to us for assistance; we responded. One of our members now organizes and supervises the instruction of the Home Nursing Classes, with several members instructing.

The St. John Ambulance Brigade is also superintended and officered by our members.



We regret to report our loss through enforced absence, for an indefinite period, of Mrs. Bowman, who gave us most valuable and much appreciated assistance, and hope to have her with us again in the near future.

Respectfully submitted,

CLARA B. BLIGH, R. N.,  
Secretary.

#### SASKATCHEWAN GRADUATE NURSES' ASSOCIATION.

Miss Jean F. Gunn, Toronto:

Dear Madam: The work of the Saskatchewan Graduate Nurses' Association for the past year was principally the Registration Bill, which we were successful in having passed during the last session.

It necessitated a great deal of time and work of the executive, as the resolutions drawn up at our annual meeting, held in Prince Albert last year, were thrown aside by the Government as not being feasible, and a new Bill drafted. The Bill was introduced by Mr. Totkez, the member for Vonda. At the second reading it met with a great deal of opposition and was changed a great deal; however, it was passed at the third reading.

The Saskatchewan Graduate Nurses' Association have not been very active in war work, as most of the members belong to local branches.

We have affiliated associations from Moose Jaw, Saskatoon, Prince Albert and Regina, as well as members from Weyburn, Stockton, Melfort, Swift Current, Maple Creek and North Battleford.

The Moose Jaw branch was just formed this year and promises to be very active. The Regina and Prince Albert branches have been doing a great deal of Red Cross work.

E. VAN VALKENBY,  
Secretary.

#### VANCOUVER GRADUATE NURSES' ASSOCIATION.

Madam President and Members of the Canadian National Association of Trained Nurses:

I beg to submit the following report of the work of the Vancouver Graduate Nurses' Association for the past year:

Since February, 1915, the Association has contributed \$5.00 per month to the Canadian Patriotic Fund; this is collected by 10 cents from each member at the monthly meetings, the balance coming from the general fund.

In November, 1916, the Association adopted a prisoner of war and are paying \$5.00 per month towards his maintenance. The money is collected in the same way—10 cents from each member at each monthly meeting, and the balance made up from the general fund.

A bed has been subscribed for for the Military Hospital in Vancouver, each member subscribing \$1.00 towards the \$60.00. This equipped the bed with linen, etc.

Throughout the winter months the members have met on an average of once a week to make surgical supplies. Dressings, bandages and socks have been the principal work. Three bales of dressings, etc., in all have been made and sent, and over one hundred pairs of socks.

Committees have been appointed to secure advertising, subscriptions and items in general for the Canadian Nurse Magazine, which have been quite successful; and the Programme Committee arranged a splendid series of lectures, which included art and music as well as medical matters.

The years' work, on the whole, may be considered a successful one.

All of which is respectfully submitted.

RUTH P. JUDGE,  
Secretary-Treasurer V. G. N. A.

Vancouver, B. C., May 26th, 1917.

#### REPORT OF THE EDMONTON ASSOCIATION OF GRADUATE NURSES.

Never before in its short history has the Edmonton Association of Graduate Nurses so little to report. The year has been an uneventful one in-

sofar as the activities of the Association have been concerned. We have dwindled from a fairly large organization to one of twenty-five members. Since March 15th, 1917, fifteen of our members have gone overseas. Many have taken positions in the small hospitals in the prairie districts, and some are serving in the Military Convalescent Hospitals throughout the Province, three going as far as Balfour, B. C. While we have no special Red Cross circle, all work in some branch of Red Cross work. Our members have always responded well to the call for nurses in the outlying districts, though in many cases the hours are very long—one nurse in particular reporting eighty hours' duty with what sleep she could catch between times. However, as she cheerfully stated, some one had to do it. We gave, during the past year, \$35.00 to the Returned Soldiers' Fund, and we give each month \$5.00 to the Y. W. C. A. Travellers' Aid. We are endeavoring to keep up the standard of nursing in Edmonton by admitting to our membership only Registered Nurses.

Respectfully submitted,

ALICE EVANS,  
Secretary.

#### GRADUATE NURSES' ASSOCIATION OF ONTARIO.

Weston, Ont., June 22, 1917.

Madam President: As Secretary of the Ontario Association I have pleasure in reporting for the Associations not directly affiliated with the Canadian National, but indirectly through the Provincial Association.

There are seventeen of these Associations, and eleven reported, viz: Alumnae Association of Hospital for Incurables, Toronto; Florence Nightingale Association, Toronto; St. Luke's Association, Ottawa; St. Joseph's Hospital Alumnae Association, Chatham; the Wellesley Hospital Alumnae Association, Toronto; Toronto Free Hospital Alumnae Association, Weston; Sarnia Graduate Nurses' Association, Sarnia; Alumnae Association Guelph General Hospital, Guelph; Kitchener and Waterloo Graduate Nurses' Association, Kitchener; Owen Sound General and Marine Alumnae Association, Owen Sound; Hotel Dieu Alumnae Association, Windsor.

All these Associations report an increased interest in nursing affairs and much Red Cross work accomplished. There appears to be a growing interest in the "Canadian Nurse," at least to the extent of willingly giving some financial support, and some of the Association Secretaries have promised to endeavor to interest the members in a more general way. All but one Association reports members on active military duty.

All of which is respectfully submitted.

G. MacP. DICKSON,  
Secretary G. N. A. O.

#### REGISTRAR'S REPORT OF THE CALGARY ASSOCIATION OF GRADUATE NURSES

We have now on our books, as members of the C. A. G. N., 118 fully-qualified graduates; 28 have gone overseas; 54 are in permanent positions. The nurses supplied through the Registry have been as follows: From June 1st, 1914, to June 1st, 1915, 252; from June 1st, 1915 to June 1st, 1916, 317; from June 1st, 1916, to June 1st, 1917, 579. During the past year 34 hospitals have been provided with nurses for relief work or permanent positions.

The C. A. G. N. holds a meeting on the second Thursday of each month for business and round-table discussions or lectures from different Calgary doctors.

All members who have left for overseas are being retained on our books, exempt from fees until their return.

For over two years the C. A. G. N. has worked faithfully for the Red Cross, meeting once each week. They have made a large quantity of surgical dressings, sheets, pillow cases, etc. They also have a knitting circle in connection with the Red Cross.

GRACE TURNER,  
Secretary.



### THE MANITOBA ASSOCIATION OF GRADUATE NURSES, WINNIPEG.

Madam President and Members of the Canadian National Association of Trained Nurses:

I have the honor to present the report of the Eligibility Committee. On February 14th I received a letter from your Secretary, enclosing two applications for membership in your Association. The first was from the Alberta Association of Graduate Nurses, asking information with regard to affiliation fees, which was duly forwarded. The second was from Miss Purves, Lady Superintendent of the Portage la Prairie General Hospital, whose credentials seemed satisfactory and who was eligible for individual membership. As she had not registered in Manitoba, she was not a member of the Manitoba Association of Graduate Nurses.

A communication was received from Miss Furgie, of Guelph, who was advised to become a member of the Ontario Graduate Nurses' Association, which is already affiliated with the Canadian National Association of Trained Nurses.

All of which is respectfully submitted.

June 10th, 1917.

A. E. GILROY, R. N.,  
Convener of Eligibility Committee.

### REPORTS READ AT THE ANNUAL MEETING IN MONTREAL, 1917

Collingwood General and Marine Hospital Alumnae Association, read by Secretary.

Grace Hospital Alumnae Association, Toronto, read by Miss Jewison.

Kingston General Hospital Alumnae Association, read by Mrs. Martin.

Montreal General Hospital Alumnae Association, read by Miss Conor.

Toronto General Hospital Alumnae Association, read by Mrs. Aubin.

Royal Victoria Hospital Alumnae Association, read by Miss Hersey.

Toronto Western Hospital Alumnae Association, read by the Secretary.

Victoria Hospital Alumnae Association, London, read by Miss Forsythe.

Graduate Nurses' Association of Alberta, read by Mrs. Armstrong.

Graduate Nurses' Association of Nova Scotia, read by Mrs. Bligh.

Graduate Nurses' Association of Saskatchewan, read by Mrs. Van Valkenburg.

Graduate Nurses' Association of Vancouver, read by Mrs. Johnson.

Graduate Nurses' Association of Edmonton, read by Mrs. Armstrong.

Graduate Nurses' Association of Ontario, read by Miss Dickson.

Graduate Nurses' Association of British Columbia, read by Miss H. Randal.

Graduate Nurses' Association of Manitoba, read by Miss Johns.

Graduate Nurses' Association of Calgary, read by the Secretary.

Canadian Society of Superintendents of Training Schools for Nurses, read by Miss Randal.

Canadian Nurses' Association of Montreal, read by Miss Phillips.

### THE MANITOBA ASSOCIATION OF GRADUATE NURSES, WINNIPEG.

Madam President and Members of the Manitoba Association of Graduate Nurses:

In presenting to you the third annual report of this Association as an Association of Registered Graduate Nurses your Secretary has great pleasure in reporting a steady and continuous progress. In spite of the fact that, on account of the war, the year has been one of strain and stress and increased activity in so many other directions, the membership has increased and the attendance at the meetings has been uniformly good.

Owing to the waiver being lifted in July of last year, our number of nurses registering is much larger than during the two previous years, some hundred and three nurses having qualified for registration; fifty nurses se-

cured their registration by writing off their examination at the University. Altogether three hundred and ninety-six nurses have qualified for registration and three hundred and eighteen diplomas have been issued.

During the year the Board held five regular meetings and two special meetings; the Association held seven regular meetings, of which the following is a short account:

The April and May meetings were very busy indeed, making plans and arrangements for the coming convention of the Canadian National Association of Trained Nurses to be held in June, the first time such a convention had planned to meet in the West. At the April meeting a resolution was presented to our Association from the Local Council of Women concerning a movement of the Salvation Army—that of bringing to the British Dominions five thousand widows with ten thousand children. Our Association endorsed the resolution of a sub-committee of the Local Council of Women. We also endorsed the resolution that Tag Days be held only under the endorsement of the Civic Bureau. At the September meeting we discussed our appointing a committee of three to represent our Association in publishing of the "Canadian Nurse." The feeling of the meeting was voiced in a motion that our Association write the Central Association that we were opposed to a nurse soliciting advertisements, but that our Association would assume charge of its part. We had as our guest at the September meeting Nursing Sister Hood; she addressed the meeting, giving an interesting account of the work overseas of our nurses and doctors. A motion was made that we provide two beds in the Ramsgate Hospital, or wheel chairs, if these were more necessary.

At the October meeting we decided to send to each of our Registered Nurses from Manitoba overseas the "Canadian Nurse" for a year, also a card of announcement.

At the January meeting several different subjects were dealt with in the way of recommendations presented to us from the Local Council of Women, namely: A recommendation concerning moving pictures was endorsed; the recommendation was that the public have a right to repeal the report of the Censor Board. We also endorsed the recommendation re the mentally deficient.

Our Association endorsed the recommendation of the Local Council of Women in the amendments proposed to the present law by the Political Educational League with reference to:

- (1) The Intestacy Act.
- (2) In regard to illegitimate children.
- (3) That women should have the same right to hold municipal office as men.
- (4) That the wife should also have a claim on the homestead.
- (5) To give the mothers equal rights in regard to the guardianship of children.

At the February meeting we appointed a committee to meet and provide assistance and maintenance, if necessary, for any of our nurses who might be returning from overseas duty. At this meeting a letter was read from the Local Council of Women concerning a resolution from the Montreal Local Council of Women, but our Association did not feel prepared to endorse such a resolution, and the following was moved and carried:

"That the Manitoba Association of Graduate Nurses places itself upon record as being in favor of steps that may be necessary to be taken by the Dominion Government to provide the necessary support from Canada. But until there is conscription of wealth and registration of women power in the Dominion, and until the women of Canada have shown themselves ready to make every sacrifice, then, and not till then, are we as women prepared to ask for conscription of man power."

A monthly contribution was also voted to the Prisoners of War Fund and to the Red Cross.

Respectfully submitted,

I. LAIDLAW.

The above motions were put and seconded by Miss Kinder, of Toronto, and the reports were declared adopted.



MISS GUNN: I would like to say that Miss Locke, being on the Nominating Committee, gave me these blanks to use for the election. Since these were adopted, of course, some names have been added, so that in writing out these blanks—the space after the President has been left blank, then the First Vice-President—I think one name has been added. The blank as it stood before had Mrs. Brown as Vice-President. The nominating blank has to stand as it was yesterday. You have already seen it and probably know how you are going to vote. If in entering up your blanks you draw a line through the name for whom you are not voting you will have the name standing for whom you are voting. If you find on the blank that the name is not written, or that those that were added yesterday are not on this blank, you have to add them yourselves in writing; so if you will cross off every nomination that you are not endorsing you will have remaining on the list those for whom you are voting. I think that is quite clear. Of course, in the councillors, Mrs. Bligh's name is not down here. Then at the bottom of the blank there is a blank, "The name of the organization." Write in the organization for whom you are voting. Then underneath that is the number of votes. Be careful to put down the number of votes on the bottom when I tell you how many votes you have, so that when the scrutineers get these blanks they will know the number of votes of each organization and can check it up with the book.

Mrs. Aubin and Miss Ewing were appointed as scrutineers.

MISS GUNN: I heard some discussion yesterday which, I think, probably is not understood. A good many Associations, in sending in their nominations for officers to Miss Locke, have sent in a great many with the exception of the office of President. In compiling the Nominating Blank the Nominating Committee selected only those names who were nominated by the greatest number of organizations. If they had put down the name of every nurse nominated we would have a blank that would be impossible to vote on, so that only those whom the Associations apparently wanted on the blank were put on. I think we had easily fifty nurses nominated for Councillors. They were not put down at all, because they were only nominated by one organization, and these officers were nominated by eighteen or twenty organizations, so that if any of you sent in names and they are not on the blank, that is the reason for it.

MRS. R. BRYCE BROWN: There are thirty-seven societies, and thirty of them are represented here today. We had nine individual members, and five of them are here to vote this morning. This is the most representative meeting we have had since I have been President. Yesterday we did not take the Committee on the Revising of the Constitution and By-Laws and the Incorporating of the Association. Last year they appointed me to do that, and the Association decided that they would become incorporated. Through some mistake I did not remember I was the Convener of that committee and Miss Gunn let me know later on in

the year, so I got right to work at it and spent some time at the lawyers, and I finally discovered that there was no Dominion Act which allowed incorporation for societies such as ours. In talking it over with the lawyer, he said: "You don't want to change your Constitution. If you decide to incorporate, your charter will become your Constitution anyway." I wrote to Miss Gunn to see if she could find anything further than I could about incorporating the society, and she found out the same thing, that is, that we would have to have an Act of Parliament, and it would cost about \$400.00. I am going to ask Miss Gunn to read the letter from the lawyer to show how little advantage it would be to us to be incorporated.

RITCHIE, LUDWIG & BALLANTYNE,

Barristers, Solicitors, Notaries, Etc.

Toronto, Canada, June 2, 1917.

Miss Gunn, Toronto General Hospital,  
College Street, Toronto.

Dear Miss Gunn: Re Canadian National Association of Trained Nurses: Since discussing this matter with you at my office I have further considered the question of the advisability of incorporating the above-named Association.

I can see no benefit that the Association would derive from incorporation. The Association can enjoy practically all the benefits and privileges that it would if it were incorporated.

I may say that I am connected with a number of Associations, such as the Canadian Bar Association, Ontario Bar Association, and others. The Canadian Bar Association has a membership throughout the Dominion. We considered the question of incorporating, and concluded that it was unnecessary and inadvisable, having in view the expense which would be incurred to become incorporated.

I observe from the Constitution that the operations of the Canadian National Association extend throughout the Dominion of Canada. It apparently has members from all the Provinces. That being the case, if the Association decides to incorporate, it will be advisable to incorporate under Dominion legislation—under an Act of Parliament of the Dominion of Canada. Such an Act could not be procured at the present session of the Legislature.

The Government fees and costs of procuring an Act and preparing the necessary papers for the organization of the Association would amount to approximately \$400.00.

I shall be pleased to give you any further information you may require.

Yours truly,

M. H. LUDWIG.

There is a minute on our books that we should become incorporated. What is your pleasure?

MISS RANDAL: I move it be rescinded. The motion was seconded by Miss Phillips.

MRS. R. BRYCE BROWN: I think that is the only wise thing to do. We do not feel like paying \$400.00, and in our present financial condition I don't think we ought to attempt to spend that amount of money.

The motion was declared carried.

The next is "Special Correspondence."

MISS GUNN: I think there is only one item that needs to be brought up. This is a letter from Peter H. Bryce of Ottawa. This letter



was received shortly after our return from the annual meeting at Winnipeg last year and I answered the letter. I understood it would be brought up at our annual meeting for action, but they started a year and three months before the meeting to stir up interest in it.

Ottawa, July 4, 1916.

Dear Madam: The enclosed letter has been prepared by the Committee of the Executive, and is being addressed to you with the hope that your Association will cordially approve of the suggestion contained in the circular letter and co-operate so far as possible toward the end sought. Be good enough to address your reply to the General Secretary of the Association, Mr. A. H. Burnett, City Hall, Toronto.

I remain, yours sincerely,

PETER H. BRYCE,  
President.

Miss J. I. Gunn, Toronto General Hospital, Toronto, Ont.

#### CANADIAN CONFERENCE OF CHARITIES AND CORRECTION.

Miss J. I. Gunn, President Canadian National Association of Trained Nurses, Toronto General Hospital, Toronto:

Dear Miss Gunn: The next meeting of the Canadian Conference of Charities and Correction will be held at Ottawa in September, 1917, and will be a memorable one in many ways.

One of the most important points to be discussed is the proposed change of the present title of the Conference to that of "Canadian Conference on Public Welfare." This is significant of a profound change in the attitude towards social work as a whole. Instead of being considered a matter of "charity" or the bestowal of alms upon the inferior poor by the superior rich; or "correction," the forcing of morals upon the demoralized lower classes, it has come to be thought of as an effort to solve the problems that confront society from a broad, scientific, humanitarian point of view. This new interpretation of the functions of social work is nothing short of revolutionary, and the formal adoption of the new name of the Conference will make it plain that the new has, officially at least, triumphed over the old.

The problems which will face us at the conclusion of the present war will be numerous and clamorous. Within the next five years at least fairly successful solutions must be obtained for the following problems:

Immigration—Getting the proper immigrants to this country. Placing the proper immigrants in proper places.

Care and training of maimed returned soldiers. Care of war widows.

Social Legislation—Social insurance; mothers' pensions; child labor; unemployment, etc.

Care of the feeble-minded.

The wiser uses of our national and private resources.

Revitalization of rural society, including: The reorganization of the rural school; the creation of neighborhood centres in schools and churches.

The re-creation of our whole public school system: To give greater scope to child initiative and special abilities; to aid in the assimilation of incoming foreigners; both adults and children; the additional use of moving pictures; the more extended use of the school buildings and premises at all hours of the day.

At present the Conference has five working committees, as follows: Immigration, Social Legislation, Neighborhood Work, Public and Private Relief, Education for Citizenship.

It is evident that a mobilization of all interested in social welfare work must be effected in the near future. With that end in view the third day of the Ottawa Conference will be given up exclusively to a discussion and, if possible, planning for a permanent clearing house for all welfare organizations in the Dominion. The Canadian Conference of Charities and Correction is sending out urgent invitations to all outstanding national organizations to send at least seven delegates each to the Ottawa Conference, particularly to the meetings of the third day.

Such a meeting, coming in such times as these, cannot fail to stir the imagination. The impulse to serve our country is strong upon us now; it must not dwindle and fade away when service no longer means the destruction of a foreign foe, but, what is often even more difficult, the destruction of enemies within the confines of our own country. It will be for this Conference to draw up the plan of campaigning for the new warfare to be waged in Canada against poverty, disease and crime. We are sure you will send delegates to such a meeting with such an opportunity before it, and we count upon your early and favorable reply.

Yours truly,

PETER H. BRYCE,  
President.

A. H. BURNETT,  
Secretary.

MRS. R. BRYCE BROWN: I think the Canadian National should send a delegate. We are asked for seven, Miss Gunn reminds me. I think we ought to ask that the new Executive undertake this. If we decide on it, a change in the Executive might make a difference. It would have to be somebody nearer Montreal, Toronto or Ottawa, so that it would be near enough to get there. I want to hear from the rest of you about it.

MISS DYKE: I would like to move that the Executive appoint as strong a delegation as possible to the Conference meeting in Ottawa in September.

MISS JOHNS: I take great pleasure in seconding Miss Dyke's motion.

MRS. R. BRYCE BROWN: I have as yet to appoint a committee to meet with Miss Randal's committee to draw up resolutions we are going to draw up this afternoon. Miss Stanley and Miss Branscombe will help Miss Randal's committee. We have not as yet touched the subject of whether we will send a Resolution on Conscription to our Government as to whether we are going to endorse their policy or not. It has been mentioned by several nurses to me, but not in the meeting. If anybody has anything to say on it we would be glad to hear from them.

MISS RANDAL: British Columbia sent in a Resolution something to that effect.

MRS. R. BRYCE BROWN: Every intelligent woman in Canada at the present minute has some opinion on this question. I think this organization should have something to say about it.

MISS ARMSTRONG: I think we should send in some expression. I know the Edmonton Association sent into the Local Council that we went on record as not wishing to oppose or hamper the Government in any methods they were using to bring the war to a successful issue. It was something like that, I think, we worded our Resolution on the ground of Conscription.

MRS. R. BRYCE BROWN: Miss Gunn says that the nurses of Canada are willing to be conscripted also, if necessary.

MISS RANDAL: Any resolution being brought in should be General Conscription.



MISS STANLEY: There are two ways, one of bringing that Resolution through the Committee and the other to present the Resolution.

MRS. R. BRYCE BROWN: Out of our thirty-seven members we have thirty represented here today. I don't think that any of our delegates have left since the voting, so that they are representative of Canada at the present minute and they all must know what their own Associations have been doing. Will somebody move that we leave this for the Resolution Committee.

It was moved by Miss Matheson, seconded by Miss Starr, of Winnipeg, that this matter be left to the Executive Committee to approve a resolution supporting our Government.

MRS. R. BRYCE BROWN: Is there any other new business that any member wants to bring up at the present minute?

MISS RANDAL: In connection with the care that is to be given to Graduate Nurses on their return from the front, a resolution was sent in to the National Council of Women, in convention in Winnipeg, by a member from Nova Scotia, regarding the pensioning of nurses, but we were able to convey to the National Council the fact that the pensioning of nurses only referred to C. A. M. C. nurses. A great many nurses going from Canada belong to the Queen Alexandra and the "French Flag" nurses, so that the National Council, in taking up the resolution, arranged it so that it would take in all Canadian nurses.

MRS. R. BRYCE BROWN: Miss Randal was at this meeting at Winnipeg. Did they do anything with that resolution?

MISS RANDAL: So far as I know these resolutions were all taken up the last day, and I was not there, but that was the way the thing was arranged.

MRS. R. BRYCE BROWN: These questions will probably have to be decided by their Executive. There are a good many Conveners of Committees to appoint. It has been customary heretofore to leave the appointment of the committees to the new Executive, because they know where the new meeting is going to be, and it makes a great deal of difference in appointing your committee where your meeting is going to be. It is better to have the Programme Committee in the city where you are going to meet, because they are going to meet with the Arrangement Committee, and in that way things do not have to be changed. This year we had to change our programme to meet our hosts when we came to Montreal. Both parties are prepared separately, and when you come together you have a feeling of absolute hopelessness, as we had in Vancouver, as to the best way to arrange our program, but if both committees were working in Montreal everything would be planned together. The Committee on Arrangement and the Programme Committee are two things that must be left entirely to the city where the meeting is to be held. Then there is the Publication and Eligibility Committee. These

are the four standing committees, but there are always a number of special committees. It seems to me the wisest plan is to let your new President have her own way in appointing new Committees. She usually knows which is the best one to place on these committees, so it seems to me it would be a kindness if she be allowed to appoint her own committees on her first Executive Committee meeting after the meeting of the National closes, as we have a committee meeting directly after the National closes.

It was moved by Miss Kinder, and seconded by Miss Dickson, that the President and the new Executive be allowed to appoint the new committees at the Executive meeting after the close of this section.

A vote being taken, the motion was declared carried.

Miss Gunn reminds me that we did not have time to discuss Miss Dyke's report on Public Health. This is one of the things we are all interested in, and we had but a very short time to discuss this matter when it was presented, and I am sure Miss Dyke would be glad to answer any questions anybody wishes to put to her. If there are any suggestions or any discussion on the work of this year, Miss Dyke will be glad to hear from you. I think we should give Miss Dyke the support of our interest. She was very definite as to who are Public Health Nurses, and I am sure there are a great many of you who were doing the work she classified when she was speaking yesterday. Miss Des Brisay tells me the Public Health Nurses from Montreal are not here this morning.

MISS DYKE: It would seem to me as though Public Health needs the support of the Provincial organization, but I would like to know if the different Provinces can give any reason for the isolation of some of the Public Health Nurses from the Provincial organization.

MRS. R. BRYCE BROWN: Public Health Nurses often feel that they are not interested in nursing work. I don't know why, because certainly they are giving their nurses to the public all the time. It seems to me they ought to be more interested and their time is usually specified. They are not like the Private Duty Nurse, who is here one day and then perhaps is gone for a month.

MISS RANDAL: In British Columbia they have really been our mainstay in organization. Mrs. Brown was our first President. She was in Public Health work, and they certainly were our best workers.

MRS. R. BRYCE BROWN: Can you tell us anything for Alberta, Mrs. Armstrong?

MRS. ARMSTRONG: The Public Health Nurses—I think some of them really don't know that they are Public Health Nurses. With the exception of two of the Victorian Order, we never had any of the Victorian Order join our Association. Every nurse that comes to our city, if she does not come to the Executive of the Association and ask, we write her. One nurse is not a member of the Association; she is an Old Country nurse, and the other nurse came from Montreal and did



not join our Association when she was there. She was asked several times. She was since married, and the nurse who took her place, just as soon as she got a School Nurse, dropped the Association. They had two police matrons who were faithful nurses of the Association.

MISS RANDAL: I think Mrs. Brown has touched the whole situation. We are apt to get into a rut, and I think we should take up the question of Public Health in broader ways and make the organizations known, and then we would be a great deal stronger.

MRS. R. BRYCE BROWN: I think every nurse should belong to her own Associations, and to the Local Council of Women. Miss Mackenzie worked hard to have a Committee on Nursing in each Local Council, so now the nurses are recognized. The first committee that was appointed in Westminster was to have a layman as Convener. They did not realize exactly what Miss Mackenzie's idea was, so somebody spoke to me, and I said: "If you read that again you will find you must have a nurse as Convener." So we got a nurse as Convener and we always have a nurse on that committee.

I suppose you will always have trouble getting the younger nurses to join the Association.

MISS DYKE: In Toronto the nurses must be eligible for membership in the Graduate Nurses of Ontario. The initiative is coming from the Health Department, not from the nursing bodies.

MRS. R. BRYCE BROWN: If we could make both organizations recognize our power we certainly would not have any difficulty in getting the nurses to become members.

We are to be entertained at luncheon to-day by Dr. Reddy, and he would be glad to have all the members present as his guests. Then the standard certificates will be returned this afternoon. We will not be able to have them signed until after luncheon. The meeting this afternoon will be at the Royal Victoria Hospital, where you will be entertained at tea.

I see we have Dr. McMurchy with us, and we would be glad if she would speak to us.

DR. HELEN McMURCHY, TORONTO: Madam President, I am sure I appreciate very much indeed the kindness of the nurses in allowing me to say a word to them. I do feel very much at home when I see my old friends around me, and when I saw that the Canadian National Association, and also the Superintendent, were having their annual meeting in Montreal, I had a great hope that I might at least have an opportunity of seeing some of you here.

In all the years that have elapsed since I last had the pleasure of attending one of the nurses' meetings in a semi-official capacity I need hardly say I have never forgotten the members of the Association, the warm friendships that were formed at that time and the pleasure that I had in working in association with the members of the profession. Of

course, that is a much deeper feeling than any special association at that time or since, because the nursing profession is part of the medical profession, and we always feel that you understand us and that we understand you better than anybody else, and, great as the appreciation of the work of the nurses now is among the general public, I think the members of the medical profession always have the feeling that nobody can appreciate your work as we can. We know what great help you are, how you have contributed to the advance of medical science, how we are able to save life or to prolong life or to alleviate suffering. We owe so much of what little we are able to do to the assistance we receive from you. Next to the feeling of pleasure and gratitude at seeing you all, I have sweeping over me a very keen sense of the great changes that have occurred in those years, not so very long when one looks back. The whole world had changed, and I would desire to say a word to you on that subject, to express to you my sense of the great dignity and glory that has been added to the nursing profession by the work of the military nurses overseas in all the parts of that far-flung battle line. Many members of your profession have, alas! paid the supreme sacrifice in as true a sense as any soldier on the battlefield.

Last year practically no lives were lost in torpedoed ships, but there were eleven nursing sisters whose lives were lost in torpedoed ships the year before, and I must congratulate the members of your Association on the fact that, excellent as the representation is here today, as the President has just said, you are represented in a more glorious sense still by your sisters who are working overseas. I miss Miss Wilson of the Winnipeg General Hospital. I know she is deep in duty. I miss the associates out of Miss Gunn's family in the gathering here to-day. We know where they are. On the next occasion, on the first assembly of this Association after peace is declared, we all expect to have the joy of seeing a number of members before us wearing the Royal Red Cross bestowed on them by His Majesty the King for services, and if I might be so bold as to make any suggestion to you, Madam President and ladies, it would be that I notice you are preparing to sign the roll in this Association, and that it will be suitably preserved, illuminated and framed and handed down to posterity as a memorial of what the members of this Association did in the great war. I understand your lists are about to be handed in to the President, so I will no longer try to take Miss Gunn's time, and I shall not try to bore you. The time is rapidly passing. If I were to say anything about the future, it would be that I would like to congratulate you on *The "Canadian Nurse;"* it is one of the few magazines I do not go to bed without reading the day it comes in. I am very glad to see that Miss Johns, and all the other brilliant contributors, including Miss Norcross of British Columbia, still continue their valuable work in this magazine, and I always used to give myself a holiday of half an hour when these contributions came in from those ladies in



the West, their contributions were so delightful. I am not making any insinuations against the East, because I belong there myself.

I consider it an honor to be for a few moments meeting with your Association, which binds the whole of Canada together. It is no small privilege to meet here those who represent Alberta, British Columbia, Saskatchewan and Manitoba, besides the members from Ontario and the splendid representation from Montreal and the whole of the Province of Quebec.

I looked with great interest and delight over your programme, and I said to myself: "There is the proverbial hospitality of Montreal. Montreal is flourishing as great as ever." Montreal is a delightful place for us to come to meet. You have here nurses who represent the Maritime Provinces, Nova Scotia and Prince Edward Island; they all meet together, and it is no small contribution towards that national unity which is the desire of every true Canadian.

Although I have said my last word, I cannot sit down without making reference to that great struggle which is in the background of every word that one says. There is no doubt in my own mind—I am quite sure there never was any doubt in the mind of any lady present—of the outcome of the war, however long it may last, however great may be our sacrifices, however serious may be the struggle, however much there is before us. God Help us! There is no one here—I do not believe there is a single nurse in the whole Dominion who does not know the interest your profession has taken in public affairs. I do not believe there is one in the whole Dominion who has not realized what this war means to us. I must congratulate you on what you have done to help bring the war to a successful issue, and wish you every success and a pleasant and successful meeting and a happy return to your own homes.

### ELECTIONS.

The following officers were declared elected after the ballots had been taken by the scrutineers:

President, Miss Gunn; First Vice-President, Miss Fairlie, Montreal; Second Vice-President, Miss M. F. Gray, Winnipeg; Treasurer, Miss H. Des Brisay, Montreal; Secretary, Miss E. Johns, Winnipeg; Councillors: Miss Helen Randal, Vancouver; Miss M. Hersey, Montreal; Miss E. Gilroy, Winnipeg; Miss E. McP. Dickson, Toronto; Miss Jean Browne, Regina; Miss Florence Potts, Toronto.

MRS. R. BRYCE BROWN: I feel very much that the Association has done well in electing Miss Gunn as President. You are going to have a splendid President for the next year's work. Personally I am very glad for the National Association that they have given themselves the honor of having Miss Gunn as their President for the coming year. The two names that we have here to decide on are Miss Potts and Miss Retallack, and I would ask you, in voting, to remember that Miss Gunn

would like a quorum in Toronto. If she has Miss Potts she can get an Executive meeting. That is something I have not been able to do during my entire time, and I am sure you would find it a help, not only to your Association, but to Miss Gunn, if you gave her an Executive in Toronto. I think Miss Gunn would find it a great advantage if you would give her Miss Potts on this Executive.

It was regularly moved and seconded that a standing vote be taken.

The result of the vote showed twenty votes in favor of Miss Potts and seven in favor of Miss Retallack.

Miss Potts was thereupon declared elected.

It was moved by Miss Matheson, seconded by Miss Hersey, that a vote of thanks be tendered to the worthy President for her untiring work on behalf of the Association during the past three years.

MRS. R. BRYCE BROWN: Whatever I have done during the past three years has been done for my interest in the nursing world, and I am sorry, frankly, that in this election I have to be left entirely off your Executive, because I have always had a keen interest in the National Association since I have been a member, but this is one of the fortunes of war, and we do not nominate for more than one office at a time. I am sure your Association will go on very successfully with Miss Gunn at the head of your organization. I thank you very much for your vote of thanks.

The meeting thereupon adjourned.

#### AFTERNOON SESSION, FRIDAY, JUNE 15TH, 1917.

Session was held in Medical Lecture room of Royal Victoria Hospital. The President, Miss Gunn, presided.

The report of the Committee on Resolutions was read.

It was moved by Mrs. Branscombe, St. John, N. B., that a hearty vote of thanks be given to the following: Western Hospital, Children's Memorial Hospital, MacDonald College, Board of Directors Alexandra Hospital, Royal Edward Institute, Montreal General Hospital, Imperial Order of Daughters of Empire, Royal Victoria Hospital, Women's Hospital, Lord Shaughnessy (for transportation to Ste. Anne de Bellevue), and to the management of the Windsor Hotel.

Moved by Miss Gunn, Toronto, that a very hearty vote of thanks be extended to Miss Phillips and the Committee on Arrangements for their efforts in making the convention in Montreal so very pleasant.

Moved by Miss Stanley of London that a vote of thanks be extended to the retiring President and Executive Committee for the year's work.

The singing of the National Anthem brought the sixth annual meeting of the Canadian National Association of Trained Nurses to a close.



## PAPERS READ AT MONTREAL CONVENTION, JUNE, 1917

- 1.—"Ethics of Nursing," Miss Elizabeth R. Scovil, R. N., New Brunswick.
- 2.—"Cleanliness of our Schools," Miss Jean Brown, Regina.
- 3.—"Child Placing," Miss Mary Stirrett, Toronto.
- 4.—"Military Nursing Overseas," Nursing Sister J. Scott.
- 5.—"Nurses' Work in Women's Institutes," Miss Kennedy, Victoria, B.C.
- 6.—"Midwives in Canada," by Miss Mary Ard MacKenzie, Ottawa.
- 7.—"Nursing Care of Women of the Prairies," Mrs. McNaughton, Winnipeg.  
(These two papers are in the Minutes of the meeting, as a discussion on the papers followed.)
- 8.—"Hospital Relation to Social Service," Miss Cole, Montreal.  
(This paper was not handed in, as it had to be revised, and I have asked Miss Cole to mail it direct to the Secretary, Winnipeg.)  
(Not received; to be printed later.—Editor.)
- 9.—"History of Nursing," Miss Snyder, Vancouver.

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### The Ethics of Nursing

(By Elizabeth R. Scovil, R. N.)

It is a source of great pleasure to me that you should have so kindly asked me to address this meeting of the Canadian National Association of Trained Nurses. When I look at this assembly and consider that it represents the trained nurses of Canada, my thoughts go back to the day, now nearly forty years ago, when I entered the Massachusetts General Hospital in Boston, to begin my training as a nurse.

There were then but few of us, and we strangers in the land, for at that time there was still a part of the hospital not under the care of the training school. This was the private ward where patients were too precious to be nursed by an experiment. An "experienced nurse," who lived outside in the city, came every night, as she had done for many years, to care for the patients, who had their own permanent staff of day nurses. We pupil nurses looked at them with some respect and wondered if we should ever be as efficient, hardly knowing that we were seeing the last relics of the old system which we were supplanting.

There were at that time only three training schools for nurses in the United States—the New England Hospital, Boston; Bellevue Hospital, New York, and our own at the Massachusetts General Hospital. Canada, of course, as yet had none. I have not the exact figures in my possession, but apart from statistics you can see for yourselves how the profession has grown in our own land. It is no longer necessary for Canadians to go abroad to prepare themselves for the work of nursing. I am told one large Canadian Hospital had more than 1,200 applications from would-be pupils last year. We are very proud that trained nursing has attained

the status of a profession. Exactly what does that imply? The dictionary says a profession is "any business or calling, engaged in for subsistence, not being mechanical." In those last words seem to me to lie the gist of the whole matter, the reason why trained nursing is superlatively entitled to be considered a profession and not a trade. It has to do not only with the bodies of suffering mankind but with the spirit as well.

Anyone who has investigated the beliefs of Christian Science knows that there is a modicum of truth underlying its assumptions—if it were not so the system never would have attained the proportions that it has achieved. The mind does have an enormous influence over the body, and no nurse can afford to disregard its influence if she wishes to secure the best results for her patients and acquire the utmost skill herself.

I remember a patient who was being treated for the morphia habit. It was being broken off by degrees; she withstood the desire for the drug as long as it seemed humanely possible to her, and, when she felt the necessity was too imperious to be resisted longer, she was given a hypodermic of sterile water, believing that she was having her accustomed dose. She slept late the next morning, soothed, as she thought, by the opiate. Every nurse knows of many such instances in her own experience. The whole use of placeboes is founded on this trait in human nature.

A nurse's duties are not purely mechanical. They cannot be done by machinery nor by a machine. They do not end with giving intelligent assistance to the physician, nor putting on a perfect bandage; not even with devising means to nurse critical cases comfortably in uncomfortable surroundings and supplementing the doctor's vague directions as to food and feeding with a well-balanced dietary and the proper administration of suitable nourishment. They include very often the ministering to a mind diseased, of which Shakespeare speaks, "when thick-coming fancies keep her from her rest." A physician, writing of his own experience in his serious illness, said the thing that he craved most from his doctors and nurses was the assurance that he would recover. Although he knew his own state to be almost hopeless, the fact that they seemed determined to pull him through and thought that he would live gave him courage to exert all his powers to struggle back to life, and he succeeded.

What, then, do we mean by the ETHICS of nursing? The word comes from the Greek, through the Latin "ethicus," and means manners, usage, the science that treats of morality; that which relates to human actions, their motives and tendencies. Deep-reaching and far-searching you see, not to be disposed of by any surface conformity to the customs of civility nor the exercise of any merely technical skill. It pertains to that high region, the realm of the spirit, where realities live.

It has been well said that ideals are realities, they are not a creation of the human brain. What we call ideals are not conceptions we have



imagined, they are realities we have discovered. Somewhere there exists that absolute fidelity, that unselfishness, that tenderness, that forbearance, that gentleness and strength, that courage and wisdom, that united in one would make the perfect nurse. Even if we cannot individually attain to it, that is our ideal towards which, perhaps with many falterings and failings, we can still strive.

Every profession has its own body of rules and laws and a spirit which animates it. The medical profession has a high standard of honor; there are certain things which no reputable medical man will do, such as advertising himself or violating professional confidences.

The law has its own conventions—an honorable judge does not take bribes to influence his decisions; a lawyer is supposed to hold the interests of his clients sacred, though it might be to his own advantage to disregard them.

Our profession is the youngest of all, and it is we who are setting the standards and establishing its customs. Let us see to it that they are worthy ones. Our sense of honor should be at least as keen as that of the medical profession, with which we are so closely associated. "As trustworthy as a nurse" should be a proverb, a standard of comparison that would carry instant conviction.

It is the custom in some training schools to administer to the graduating pupils a modification of the Hippocratic oath. The original form was used in Greece several centuries before the Christian era, and was taken by physicians about to begin the practice of medicine. It was named after Hippocrates, the most celebrated physician of antiquity, who was born 460 B. C.

The modified version adopted for nurses is as follows:

You do solemnly swear—each one by whatever she holds most sacred—"That you will be loyal to the physicians under whom you shall serve, as a good soldier is loyal to his officers;

"That you will be just and generous to all worthy members of your profession, aiding them when it shall be in your power to do so;

"That you will lead your lives and practice your profession in uprightness and honor;

"That into whatsoever home you shall enter it shall be for the good of the sick to the utmost of your power, and that you will hold yourself aloof from all temptations;

"That whatsoever you shall see or hear of the lives of men and women, whether they be your patients or members of their households, you will keep inviolably secret, whether you are in other households or among your friends;

"If you accept these obligations let each one bow the head in sign of acquiescence.

"If you shall be true to your word, may prosperity and good repute ever be yours; the opposite if you shall prove yourselves foresworn."

If this oath were taken by each graduating nurse, what a high standard would at once be established for our profession to live up to. What is it that inculcates and that we each one for herself would promise to practice?—Loyalty, justice, generosity, uprightness, honor, fidelity. These are great words, the symbols of great virtues. If we are to do our duty in this responsible work to which we have given ourselves, we must acquire these virtues if we do not already possess them, or fall short of our high calling.

Let us examine them a little in detail:

Loyalty to the doctor in charge of our patient is not always easy. We come, perhaps, from a large hospital where the treatment is up to date and the most modern appliances are at hand to be used as a matter of course. We find the family physician, as we think, very much behind the times in his methods and not at all realizing how much might be done for the sufferer if he only were more wide awake. Let us remember, for our comfort, that in very many cases nature, if left to herself and only assisted by rest, warmth and proper food, will effect a cure, in spite of what seems to us culpable negligence. Let us beware of criticizing and above all, of weakening the confidence of the patient in his physician; it may be a serious hindrance to his recovery. In some cases nursing is more than half the battle, and we can redouble our own efforts that the patient may have every advantage that skilled care can give. If the doctor makes a mistake and, much as we hate to admit it, doctors are fallible and do this occasionally, the nurse should call his attention to it as tactfully as possible, but on no account mention it to the family, nor to anyone else. The loyal coöperation of the nurse with the doctor is essential to the best conduct of the case. His orders she has been taught to obey, but loyalty means more than this. Soldiers follow their officers unquestioningly; they may grumble a little privately, under their breath as it were, but they do not hang back in face of the enemy, for that would mean disaster. So the nurse tries to carry out the spirit as well as the letter of the treatment, and, knowing that the responsibility rests on the physician, gives him all the help that is in her power.

Justice is not popularly supposed to be a feminine virtue. Is it not rather a question of individuals than of sex? There are some women who have the breadth of vision and clearness of mind that enables them to see both sides of a case and to decide between them, and there are many men who do NOT have it. There always are two sides to a question, and if we are to be just we must remember this, even when we are most aggrievedly and determinedly sure that ours is the right side. The ability to see the opposite side and give it due weight is the foundation of justice. Those who have not this power should cultivate it as one requisite in performing their duties.

Generosity, ah! that is another matter. Woman is created to give, and she usually does give most lavishly—her time, her means, herself, to any object that especially appeals to her, be it friend, lover, husband,



children or profession. A selfish woman seems an anomaly, a departure from the common rule, an offence against nature. But who is it to whom we are to be especially just and generous? The worthy members of our own profession. Those of us who have done much private nursing know there are times when the temptation to break this promise is very strong indeed. When one succeeds a nurse at a case, for instance; or when one hears tales of a predecessor that make one feel she has forgotten the high principles in which she was trained, though she has not committed any very heinous sin. Wherever two nurses work together, this requirement should be borne in mind by both.

We should cultivate, too, that *esprit de corps*, literally the spirit of the body, which should animate and bind together our whole profession. One does not criticize the members of one's family to strangers, and the fact that the person under discussion is a nurse, a member of our professional family, should incline us to take her part and suspend judgment until the defence can be heard.

As to material help in service, or money, most nurses are ready and willing to render it to one another when the occasion arises.

Amongst the multiplicity of duties that a nurse owes to everyone, there is one that she is very apt to overlook—her duty to herself. A nurse should do all in her power to preserve her own health and strength. Without it she is useless in her profession, her training is thrown away, and she becomes a care instead of being able to lift the burdens of others. We are in the world not for what we can get out of it, but for what we can give to it. There are occasions of emergency when a patient's life hangs in the balance, and a nurse is more than justified in putting aside all thought of self, just as she would try to snatch a child from danger, even at peril of life and limb. These do not come very often, and if in her daily routine she has been careful to care for her own health, she is ready to meet the strain without permanent harm. It is generosity run mad to destroy her own usefulness, which, properly husbanded, might have proved a blessing to others during a long lifetime.

Uprightness and honor. Do these words seem almost synonymous, to mean the same thing? They do, and yet there is a shade of difference which makes it well to include both in this Hippocratic oath, the keeping of which by the whole body of nurses would go far to establish the ethics of nursing on a firm foundation. Uprightness is absolute honesty, the inability to say or do an underhand, mean thing, integrity that cannot be corrupted by self-interest. Honor is dignity, the result of self-respect, a scorn of meanness, whether in one's self or another. Uprightness is an ingredient of character, something in the warp and woof of one's innermost being. Honor governs one's conduct to others; it is a rule of life. It is on this high plane that we are to lead our lives. These virtues are not a professional uniform to be worn only when on duty and cast aside as soon as we have finished a case. They are to animate our every action, public and private, in all our relations to others. If we are tempted

sometimes to swerve from this high standard, let us remember how far-reaching the effect of example is. We are all bound together by innumerable ties. One cannot do wrong without affecting the whole body. Our firm stand in some matter of principle may help in ways we shall never know a sister who otherwise would have fallen, and hurt not only herself, but the profession we love.

Does this seem to you a truism? It is, and yet a truism is only a fact that has been so often proved true it has become tiresomely familiar. The fact remains true, like "the commonplace sun in the commonplace sky that makes the commonplace day," and it does us no harm to be reminded of it occasionally, lest we accept it and do not act upon it. A nurse's word should be sacred; as binding as any form of legal obligation that can possibly be written. A promise must be kept unless illness makes it impossible to do so; an engagement should never be broken without the consent of the prospective patient, except for the same reason. You remember that in that ancient Book, which in spite of all Higher Criticism is still our best guide to conduct, the Psalmist honors the man who "swareth to his own hurt and changeth not," or, as the Prayer Book version has it, perhaps more appropriately for us, "who swareth unto his neighbor and disappointeth him not, though it were to his own hindrance." Any material benefit one may gain does not count a feather's weight in comparison with the loss of honor that comes with breaking one's word.

The last two clauses of this obligation refer especially to our duties to our patients. I think most of us, whether in hospital, or private house, try to render service that shall be for the good of the sick to the utmost of our power. There may be times when negligence or ignorance hinder us, the weakness of our mortal nature getting in the way, but there are few of us who do not try conscientiously to give our best skill to relieve the sufferers in our care. If there are any who do not, this part of the Hippocratic oath may cause them to realize that they have mistaken their vocation and had better seek some other calling, if there is any such, where faithfulness is not an essential.

The mischief that can be done by indiscriminate talking can hardly be exaggerated. It is not peculiar to nurses, but is emphasized here because of their special opportunities to do harm. In time of illness not only the patient but the whole household is off guard. Secrets that at other times are closely kept are laid bare to the eyes of the nurse. Shall she betray them? You say, instinctively, "No, of course not." Yet a careless word to someone outside may give the clue without which the scandal had never spread. We all take a healthy interest in each other's affairs. Personalities are to many of us the most interesting form of conversation, and this is perfectly natural, because, as a rule, persons are more interesting than things. Are we, then, to be prohibited from talking about them altogether? Do you know the derivation of gossip? It comes from the Anglo-Saxon "Godsibb," related in God, as a sponsor



in baptism. Has it not fallen from its high estate? If we restore it to where it came from, and when we gossip about our patients, say only those things that one member of God's great family should say about another, we shall be safe. Those of us who cannot trust ourselves to discriminate must be silent about our former patients, lest we injure them and discredit ourselves. Make it a positive rule always to believe the best. Do not condemn hastily, and if your best judgment is a severe one, keep it most scrupulously to yourself. You will never be called to account for the harsh word you have not said. Sometimes when you are engaged on a long case you become very tired of the monotony; the mental atmosphere surrounding you is uncongenial, the idiosyncrasies of the patient are tiresome, the peculiarities of the friends are annoying, and yet your dissatisfaction is not great enough to make you wish to give up the case. Is there a remedy? Yes, but it lies with yourself. You are out of correspondence with your environment; there is constant jarring, and friction wears out machinery much faster than double the amount of smooth running. If you cannot change your environment, change your outlook. Resolve to see these petty annoyances in their true proportion, not as mountains, but as molehills. Bring your sense of humor to bear on the situation and try to salve these daily irritations with a little kindly tolerance. It is not the thing itself that matters—ever—it is our attitude towards it, and that is in our own power.

This remedy acts as well in the hospital and the training school as in the private household. Try it, those of you who are in charge of wards and have assistants and probationers to deal with who, you think, would make Job lose his halo. They are really only girls trying, each in her measure, to acquire the skill that is now second nature to you. Alter your point of view and your eyes will be opened.

We are very slowly learning to treat in a more ethical manner the problem of the education of our nurses. For many years the training that a pupil received in a hospital was entirely secondary to the requirements of the hospital. She was there apparently for the sole purpose of nursing the sick; incidentally she acquired skill in so doing and received a certain amount of instruction to render her more efficient. The duty to which she was assigned was considered principally from the standpoint of the necessities of the service, with little reference as to whether she required that particular experience to round out her training. Of course the sick must be nursed excellently, superlatively well; that is the end and object of our training, but in order to attain it the pupil must have a well-balanced curriculum in clinical as well as in theoretical instruction. Those in authority are beginning to feel that a young woman who offers herself for a three years' course in hospital work has rights akin to those of a student in a college, and that these should be taken into consideration in utilizing her services.

Fine sentiments are noble and inspiring, eloquent words tell of what we hope to do and would like to do. Has our profession any con-

crete evidence of deeds done to show that our ethical standard is high and that we do try to live up to our ideals?

Hear what the London *Daily Telegraph* has to say on the subject:

"The story of the nurses' part in the war constitutes a fresh page in the annals of a race which is not without its glorious memories. This war has submitted British womanhood to the test of a storm of fury unparalleled in the history of the world. How magnificently the nurses have stood up against this blizzard of hatred, the fruit of increasing despair, the official records of the Matron-in-Chief of Queen Alexandra's Imperial Military Service could reveal. But the organization maintains a silence comparable with that which the Navy has relentlessly imposed upon itself, only very occasionally and partially is the veil lifted to reveal a little group of nameless heroines, pathetic and yet majestic figures, confronting, unmoved by personal fears, horrors calculated to make strong men blench."

I can give you an even more intimate glimpse than this from a private letter from a nurse who has done strenuous work from almost the beginning of the war in a large base hospital. "You can't imagine what an absolute happiness it is to work for those sweet, patient boys. Such courage and thoughtfulness for others as they almost invariably show when suffering indescribable tortures. It is almost super-human their endurance, and to work for them is just a privilege. As for honors, it is awfully nice of you to wish me to have mention, but we sisters don't think much of them over here. Of course it is nice for one's people, but unless you have done something deserving of them one would rather not have them, and for me I would be ashamed to receive anything of that kind when so many who have done such wonderful work have not been recognized; many of them having given their health and some their lives. Our hospital has been mentioned several times in dispatches for its good work, and that is the best honor of all." As for the work done, she says: "We had 1,400 beds last summer and only 73 nurses, and some ill always. In the operating room sometimes as many as 80 major operations in one day; four tables going all the time, and only four sisters. Once in 48 hours we admitted 1,200 patients. Death is so close to life, only the essentials of life seem to matter now."

Does not that simple heroism in the face of daily, unremitting toil and danger, stir one like a call to battle?

A vivid illustration of what would be the result of the loss of ideals and the discarding of the ethics of nursing as a useless encumbrance may be found in the behavior of certain of the German Red Cross nurses towards the British wounded. The Swiss correspondent of the London *Times*, writing from Berne, is responsible for the statement, made, it is said, by scores of British soldiers of all ranks released from German prison camps. On the long journey of the wounded through Germany it was common for these women to tempt the men, in the last extremity of hunger and thirst, by holding out food to them and then snatching it



away. Many of the wounded begging for water, had coffee, water and soup tendered to them, and at the last moment the nurse would spit in the cup or glass; or a glass of water, after being offered, would be poured slowly on the ground. The nurses not only refused to attend the British wounded, but insulted them and spat on them. Frequently they even struck, or kicked a bandaged limb in order to give pain. It is earnestly to be hoped that these women were not trained nurses. Surely they cannot represent the spirit of the whole body of German nurses. It was Germany that gave to Florence Nightingale the early instruction that she could not obtain at home, although her biographer tells us that she objected strongly in later years to the current statements that her own training was confined to "Kaiserswerth." "The nursing there," she wrote, "was NIL. The hygiene horrible. The hospital was certainly the worst part of Kaiserswerth. I took all the training there was to be had—there was none to be had in England, but Kaiserswerth was far from having trained me." She really served her apprenticeship in Paris, at the *Maison de la Providence*, managed by Sisters of Charity, to which was attached a hospital for aged and sick women.

Our profession has its saints and martyrs—black letter saints, perhaps, even those who have never been canonized by the Church, but none the less saints. We are too near them to see them in their true proportions, for their human weaknesses have not faded out of sight and been obscured by their shining virtues, as is the case with the olden saints whom we gaze on from afar. If we had lived with those, or even in their day, we should have known of many flaws which have been mercifully hidden from us by the splendor of their characters.

This frightful war has given us our opportunity of transcendent service, and we, as a body, have risen to it.

Think of the nurses on the British hospital ship "*Anglia*," who, when the ship was torpedoed, refused to enter the lifeboats until their patients were in safety, one of them saying, "No, Tommy, wounded first." Only one nurse was officially reported lost, but all were ready to sacrifice their lives and nearly lost them.

Lady Ralph Paget, who had been nursing in the Red Cross Hospital at Uskub, Serbia, rather than desert the wounded in her care, refused the opportunity to escape from the city before its capture by the Bulgarians. Her husband came from Nish in a motor car and implored her to return with him to safety. She remained behind and was taken prisoner.

A party of British nurses retreated from Serbia with the Serbian army across the snow-covered mountains of Albania. They encountered a blizzard while crossing a mountain 8,000 feet high and endured great hardships from cold and hunger, nearly losing their lives.

There are thousands of unrecorded instances of superhuman sacrifice and self-devotion that will never be known. Long hours of tendance on sick and wounded and dying amidst many unavoidable privations. The

cheerful endurance of conditions that the nurses did their best to remedy for their patients. The courage, the resourcefulness, the unwearying watchfulness, when fatigue taxed human nature to its utmost. All this, and much more that cannot be told, stands to the credit of our nurses in this terrible struggle between despotism and liberty.

"What shall I do to be forever known?

Thy duty ever.

This did full many who yet sleep, unknown,

Oh, never, never!

Think'st thou, perchance, that they remain unknown

Whom thou know'st not?

By angel trumps in Heaven their praise is blown,

Divine their lot."

You all know of the order of the Royal Red Cross that King George instituted for the decoration of nurses, to be awarded for special service to the sick and wounded of the army and navy. The nurses receiving the Red Enamel Cross of the first class are entitled to use the letters "R. R. C." after their names. On the arms of the cross are the words "Faith, Hope, Charity," in the centre a portrait of the King, on the reverse side the royal cipher and crown. The nurses to whom the second class decoration is awarded are known as Associates of the Royal Red Cross. Their badge is of frosted silver with a Maltese Cross of red enamel in the centre. Many nurses have received these decorations, but there are many more, who perhaps deserved them equally, whose work being unnoticed, did not obtain this recognition. It may be said of our great army of war nurses, as was said of the Canadians at Vimy Ridge, each one deserved a Victoria Cross.

When we speak of heroic nurses our thoughts turn instinctively to that noble woman, Edith Cavell, who, on October 13th, 1915, was executed at Brussels by the order of the German Government. What was her crime? She was charged with harboring British and French soldiers and Belgians of military age, and assisting them to escape to join their colors. The American Ambassador urged in her behalf that she had nursed the German soldiers as well as those of the Allies, showing no difference between them. An Amsterdam correspondent said she had long been suspected by the Germans, but had refused to leave the city as long as there was a single wounded man left in Brussels, saying that duty compelled her to remain where there was suffering. A Dutch newspaper said: "She was one of the great martyrs of the centuries."

In her last interview with the clergyman who attended her a few hours before her death, she said: "I wish my friends to know that I willingly give my life for my country. I have no fear or shrinking. I have seen death so often it is not strange or fearful to me." When the clergyman said good-bye to her she smiled and said, "We shall meet again."



It is not given to all of us to be martyrs, but is not the serene courage of this great soul in the presence of death an inspiration to us who, in the course of our daily duty, are so often brought face to face with it? How shall we regard it? How shall we bear ourselves towards it when, as so often happens, we see it approaching the patient we are striving to hold back from it?

We must apprehend its true nature before we can determine our attitude towards it. Death is only an incident in life. It is not the end of all things, but the beginning of a fresh phase of existence. Never mind theological dogmas, or ecclesiastical pronouncements about things which no mortal knows, or can know, until he, too, has passed beyond the veil. Let us reason from analogy. We know the familiar examples of the butterfly emerging from the chrysalis, the leaves from the dry twig, the green shoots from the hard seed—all miracles, but so common we have ceased to look upon them with awe. Throughout nature the germ of a new life is in everything that has once lived, and why should man be the exception? He is not. With us the body drops away, leaving the spirit (the germ of the new life) to pursue its course, free at last to develop, under changed conditions, into the perfection it could not attain here.

When the violinist breaks his bow, we do not say the musician is dead. We know that, given a new instrument, he can again bring forth the strains that speak to us of love and parting and sorrow, of re-union and joy, and conquest, and make our heart strings vibrate with his melody.

In death we lay aside this outworn instrument, the body, that can no longer answer to the needs of the spirit within and go on, in the words of the Apostle, "to be clothed upon with immortality."

Keeping this high conception before us, need we fear death for ourselves or others? The one thing that concerns us is to see that no base action, no wilful departure from duty, no selfishness, no unkindness shall mar the character that we are to take with us. We shall not then fail either in our duty to ourselves or others. Our profession calls for the best that is in us. Shall we not give it ungrudgingly? As we do so we keep alive in it that ethical spirit without which it would degenerate into soulless drudgery.

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### The Cleanliness of Our Schools

(By Jean E. Browne, Director of School Hygiene, Government of Saskatchewan)

The "Cleanliness of our Schools" is a topic which should be of absorbing interest to all good citizens of Canada; nevertheless, it is a subject which, I fear, has been left very much in the background when matters of common weal have been under discussion.

The environment and training of a child during the school period are factors which stamp themselves indelibly on his whole career. Sir Robert Baden-Powell says that the war will be decided twenty years hence, for the reason that true victory will lie not so much in the actual tactical gains on the battlefield to-day, as in the quality of men and women who have to carry on the work of the country after the war. There can be no truer patriotism or better citizenship than that which focuses on the improvement of the environment of the school children of Canada.

There are three main phases of "Cleanliness" which we should consider—the personal cleanliness of the pupils, cleanliness of the air, and the cleanliness of school buildings and outhouses.

The education of a child who leaves the Public School without having learned the lesson of personal cleanliness has fallen far short of its mark. Education means teaching a child how to live, not how to pass examinations, and I believe that we are now entering upon an epoch in which this fact is being recognized by educational authorities.

Towards this end I should recommend a definite course in Hygiene, beginning at Kindergarten or Grade I, and extending up to Grade VIII. In the Junior grades, the children should be taught the value of personal cleanliness, and this should be absolutely insisted upon by the teacher. From the purely pedagogic point of view this is a necessity. The best teaching is lost on a child who has not self-respect, and slovenly habits of mind are the natural complement of slovenly physical habits.

In our new city schools, equipment has been installed which makes it easy for teachers to insist on the practical application of their lessons in Hygiene. In three of the schools in the city where I have worked for the past six years, children are sent down once a week for their shower-bath unless the parents testify that they have waterworks at home and do not wish their children to receive a bath at school. These exceptions are rare, as most of the children take great delight in the bathing period. The teacher accompanies the girls, and the janitor looks after the boys. Rubber coats and caps are supplied for this purpose. This system, of course, cannot obtain where waterworks have not been installed, but even the smallest little rural school can have equipment for the washing of hands, face, neck and ears, and orange-wood sticks can be provided for the care of the nails. After prolonged and rigid enforcing of these measures at school, it will be found that a good habit is formed, and after a time the children come to school clean. Think of the leavening influence of the schools upon the immigrants who come to us! I could show you neat, self-respecting boys and girls in Regina to-day who came here from Europe six years ago in what looked like an almost impossible condition of dirt and skin diseases. This influence extends to their homes, and in the course of a few years you see filthy hovels transformed into clean and fairly comfortable homes. The influence of a high standard of personal cleanliness of pupils insisted upon by teachers is incalculable



in its effects of better health, higher mental attainments and cleaner morals.

Clean clothing must be insisted upon. Of course, some mothers enjoy sending back indignant notes much more than washing up; but when it is found that clean clothing is insisted on at school, remonstrances subside and the children are sent to school clean. From the standpoint of contagious diseases alone, this is a splendid preventive measure.

I need not enter into detail here as to the value of clean teeth among school children. It is an accepted fact that, all other things being equal, the child with clean teeth has a much better chance towards maintaining perfect health than the child whose mouth contains continually particles of decaying food. Many children are not taught Oral Hygiene in their homes, and, if they learn it at all, it must be at school. Resourceful teachers devise plans of stimulating the desire to actually practice the care of the teeth. Some teachers I know make a habit of taking a "cleanliness survey" at the beginning of each day, and where this habit is practiced persistently and with a certain amount of enthusiasm the results obtained have been wonderful.

Every school teacher should be expected to be able to detect Pediculosis. A form, outlining the treatment, should be supplied to each child who is sent home when found to have Pediculosis. The child should be examined again on his return to see if the head is entirely free of nits.

Placing the responsibility for the personal cleanliness of pupils on the teacher may seem like adding another burden, but the teacher with broad vision will see that there is no subject on her curriculum which can be as beneficial to her pupils as this practical and personal teaching of Hygiene. It is gradually beginning to filter through the minds of educators that every child-mind that ever came to school came in some kind of body, and that the kind of body in which it came determined very largely the degree of mental attainments.

Every state which enacts compulsory education should also compel school boards to provide clean air in clean buildings for their school children. The problem of clean air is the problem of getting rid of contaminated air. This may be secured in dwelling-houses by the opening of windows, but this method is insufficient for school-rooms. There are many systems in use, from the one where the fresh air is heated and washed and then propelled into class-rooms by means of an electric fan, the contaminated air being expelled through shafts by the use of a motor on the top of the building, to the very simple one of the jacketed stove which we find in our rural schools. It would, perhaps, be a revelation to know how many class-rooms in this country are without even the fresh and foul air shafts of the simple jacketed stove system. In such cases they have to depend on open windows, and in most cases they are not open. At any rate, in a climate such as we have in Western Canada, it

is impossible to keep class-room windows open long enough in winter time to secure anything like efficient ventilation.

In the past, the cleaning of a school house was regarded as work of such ordinary character that a discussion of it would have seemed a waste of time. Acutally, however, we know that janitors do not, as a rule, maintain housekeeping standards; that schools are swept so soon after dismissal that teachers and detained pupils get out through a storm of dust; that sweeping and dusting are mostly dry. Sometimes the health directors of a large system do not give personal attetnion to this matter. I remember, shortly after organizing the school health work in Regina, writing for information regarding the cleaning of schools in a large Eastern city, and the reply I got was that this was left with the janitors. We all know that unless janitor service is standardized, it comes far short of the mark of real cleanliness, but most janitors are willing enough to use proper methods and materials if given definite instructions.

The following plan for cleaning schools is entirely practicable and can be carried out effectively by two day-janitors for a school of twenty rooms, with the additional help of three scrub-women on Saturdays.

1. The best fumigating agent is a solution of Wescol 1.300, used in a fine spray on walls, furniture and floor.

2. For sweeping purposes, a push-broom with an oil tank attached should be used, one about 12 inches wide for sweeping under the desks and one about 30 inches wide for sweeping the aisles. Kerosene is used in the tanks. A duster soaked over night in a solution of Chrysolite should be used for dusting the furniture in class-rooms and the banisters in the halls. Cheesecloth should be used and renewed twice a week.

A special brush soaked in Chrysolite should be used for dusting between the railings of the stairs.

A special brush soaked in Chrysolite should be used for dusting between the divisions of the radiators.

Class-rooms should be scrubbed once a week; kindergarten rooms twice a week. The halls and stairways should be mopped twice weekly.

3. The hose should be turned on the basement floors once a day. Where basement floors will not admit of this, they should be fixed so that drainage may be secured into the trap.

4. Where walls of basement are whitewashed, these walls should be freshly whitewashed three times a year.

5. All class-rooms should be freshly kalsomined once a year.

6. Seats of lavatories should be washed with hot soap suds and then wiped off with a cloth wrung out of Wescol Sol. 1.300 once a day. The inside of the closets should be thoroughly cleansed with a coarse brush designed for that purpose, once a day. Urinals should be scrubbed



with Sapolio or Dutch Cleanser once a day. Lavatory floors and partitions should be cleansed with a cloth wrung out of Wescol Sol. 1.300 once a week.

7. Door-knobs and door-handles should be cleansed with brass polished or Sapolio once a week.

8. The frequency of window-cleaning must vary with the season and the surroundings of the school. They should be done not less frequently than four times a year.

9. All drinking fountains should be scrubbed with Sapolio or Dutch Cleanser once a day.

10. All wash-basins should be scrubbed with Sapolio or Dutch Cleanser twice a day, once before nine a. m., and once at noon. Liquid soap should be supplied as often as necessary.

11. Clean towels should be supplied as often as necessary. Towel-holders should be made so that the tray on top will not lift out. These trays should be washed with hot soap suds once a day.

12. Where shower-baths are installed there should be an individual bath towel for each child receiving a bath.

13. Where sanitary drinking fountains have not been installed, individual drinking cups should be supplied. The kind made of waxed paper answers the purpose and is inexpensive.

14. In class-rooms where plasticine is used, each child should have his own portion.

A large majority of our Canadian school children do not attend city schools where waterworks have been installed, and consequently we have the problem of the rural school outhouses. Most of these are not only unclean, but they are a menace to good health and decent morals. So important was this question considered in the United States that a committee on rural school sanitation, appointed by the Bureau of Education, Washington, June, 1916, brought in the following report:

"It is felt that insistence upon the construction of sanitary privies for use at rural schools, with due attention to their up-keep, will probably do more to impress the rising generation with the importance of observing hygienic laws than any other measure which may be employed for that purpose in connection with school life."

The existing evils in connection with unclean rural outhouses can be remedied only by an awakened public conscience. I believe that our National Association of Graduate Nurses can set itself no better task than to institute a definite and thorough campaign against one of the greatest evils which menace the health of the large majority of our Canadian school girls and boys.

## Child Placing

(By Mary Stirrett)

As the subject of Child Placing presents a practically new and unexplored field for the Canadian trained nurse, the endeavor has therefore been, in the preparation of this paper, to give a clear picture of what the work really is, in order that the interest of all may be awakened to its many possibilities. With this purpose in view, we shall deal with the subject from two standpoints:

First—The experiments, with results, and also the recommendations of some prominent workers, who for many years have been in close touch with this form of work.

Second—What has been and is being done in Toronto in the way of Child Placing, with suggestions as to what we believe to be necessary for the promotion of its growth and development.

Experience has demonstrated, both in England and on this Continent, that the segregating of large numbers of children under one roof is fatal to the infant.

Those who were privileged to hear Dr. Hastings Hart, Director of the Russell Sage Foundation of New York, when he gave an address on Child Welfare at the Social Service Congress, held in Convocation Hall, Toronto, in January, 1917, will no doubt be familiar with his views on Child Placing, but for the benefit of those who were not present we might relate one of the many things he did in connection with this branch of work.

Three years ago the Russell Sage Foundation entered into a coöperative plan with the Department of Public Health, New York. Arrangements were made with the New York Foundling Hospital that they should give the babies that were expected to die to the Russell Sage Foundation, who supplied the funds and a doctor to supervise the whole work. These babies were placed with poor women in humble homes in the heart of New York City, \$3.50 per week being paid for their board. The Department of Health supplied three nurses and three doctors, and thirty babies were cared for at one time. Out of eighty-nine, thirty-nine (or 46%) were saved. This seems a small percentage, but if we remember that these were the babies that would otherwise have been placed in the Marasmus Ward of a large foundling hospital, and would have in all probability died, the results were most encouraging. This was done for two years and simply served as a demonstration to show what could be done for sickly infants. The result of this was that the City made an increased appropriation so that this work of Child Placing might be carried on.

In 1902 Dr. Chapin, one of the leading Pediatricians of New York City, inaugurated a plan of boarding out infants, which has been in successful operation ever since, and which is now very widely known as "The Speedwell System." Through Dr. Chapin's efforts a Board of



philanthropic citizens of New York formed what is now known as "The Speedwell Society." They collected money and selected as their centre of activities the village of Morriston, N. J., on the outskirts of New York City. Here abandoned and sickly infants were placed in humble family homes. Two nurses and a doctor were secured by the society to supervise these children and to see that they got all the medical attention necessary. The cost was \$1.15 per capita per day, which included practically everything—travelling expenses of nurse and child to and from the country to the city, extra clothing, special milk, the price of board, and the salary of a doctor and two nurses.

Dr. Chapin strongly urges that this same system of boarding out babies be extended, but that it should always be done in units, which will allow intensive working in many small fields. Each village around a city, for example, could form a unit with a doctor and nurse on salary, working under its local committee, and these infants from the surrounding area could be placed in homes under their oversight.

We will now consider the second division of the subject, viz., the system of Child Placing as it was and is in Toronto, and suggestions for its improvement.

In 1887 an Act for the "Protection of Infant Children" was passed by the Legislature; this required the keeper of a house where one or more infants were kept for reward to "register" with the City Council; the premises were inspected by the police and a record of the babies was kept by the keeper in a book furnished by the city.

Three years later, or 27 years ago, the Department of Public Health, Toronto, assumed the responsibility of inspecting and regulating all private homes in the city, where infants were being boarded without their parents, and where money was being received for their board. The Medical Officer of Health and five assistants (not medical) formed the complete organization of the Department of Public Health at that time, and this additional piece of work was assigned to the chief assistant.

No provision was made in the Act of 1887 for registration or inspection of Maternity Homes, and while it was found that conditions had greatly improved since the passing of the Act, it was discovered that some eight or nine years afterwards many infants were being deserted, and it was no unusual occurrence for the police to find four or five deserted infants in a week. In the year 1896 a survey of the city was made by the Department of Health with a view to finding the number of houses where girls were taken in for confinement and the conditions existing in such places. About fifteen were found, and both from a moral and sanitary standpoint they were far from satisfactory. The following year an Act was passed for the "Regulation of Maternity Boarding Houses and the Protection of Infant Children," and the duty of inspection and regulation was entrusted to the Local Board of Health. A medical inspector, Dr. Harley Smith, was appointed, and in an incredibly short time it was reported by the police that there was a remarkable decrease in the num-

ber of deserted infants found in the city. Within the first few years of the working of the Act it was found necessary to prosecute a number of women for non-compliance with the Act, and a few heavy penalties (one a term of six months) had a salutary effect, so that at the present day it is very rare to hear of a deserted infant being found in Toronto, and in no case had such an occurrence been traced to a registered house.

There were then about twenty baby boarding houses, or baby farms, as they were termed in those days. For eighteen years Dr. Smith carried on a splendid work, not only in the way of inspection, but also in giving unstintingly of his time and energy to helping many of the unfortunate girls and infants whom he found in these homes, at a time when such assistance and kindly sympathy was sorely needed. Thus, through his untiring efforts, the work developed and commenced to assume a different aspect. Not satisfied with the mere routine duty of inspection, he steadily endeavored to improve conditions by weeding out undesirable homes and foster mothers, who were at this time more concerned about obtaining numbers of infants, and thus more money, than they were about the infants' welfare. He interested many trustworthy women in Child Welfare Work, and finally succeeded in inducing some of them to care for one or more children in their own homes. In this way he kept increasing the number of homes and reducing the number of infants allowed in each home, and the death rate was decreased.

A comparison of the institutional death rates with that of the Baby Homes in Toronto was made for the years 1912-13-14, and results showed that 31 per cent. was the institutional death rate and 15.5 per cent. was the Baby Home death rate. Dr. Smith also co-operated with the Children's Aid Society, of which he was Vice-President, in placing many children in permanent homes, where they are at this present day, growing up and receiving the same care and advantages that the foster parents give to their own children.

Some of the main features of the Act as it is at present may be cited as follows: Not even one patient can be taken into a private home for confinement, money being received, unless that place is licenced and inspected by the M. O. H. of that municipality; licence fee to \$5.00 per year; no child under three years of age can be taken into a home to board without its parents, money being received, unless that home is licenced and inspected by the M. O. H.; licence fee to be \$1.00 per year in this case; a register containing all particulars regarding each patient or child admitted is to be kept in each home so licenced, and no child can be taken from these homes except by parents, or, in case of adoption, except by or with the knowledge of the Children's Aid Society. The M. O. H. is given full control of all such places, and he has the power to issue or cancel licences, permitting these persons to carry on such work, as he sees fit. Upon failure to abide by the laws, a fine of \$100.00 or imprisonment may be incurred.



In 1915 the nurses of the Department of Public Health commenced to assist Dr. Smith by visiting and instructing foster mothers in the care of babies. When he went overseas a year ago the nurses were left in charge of the work among the boarded-out babies and children and a staff doctor in charge of Maternity Boarding Houses. It might be well at this point to give a very brief sketch of the methods now employed. The inspecting and visiting of Baby Homes is now done by the district nurse and only forms part of her work in the whole scheme of Generalized Nursing. Each nurse may thus have none, one, two or more Baby Homes in her district. She visits these usually once a week, oftener sometimes, daily if the baby is ill, less if she feels that it is not necessary. She instructs the foster mother as to the preparation of feedings and general care of the baby, arranges to have her attend the nearest Child Welfare Clinic, at which a doctor and a nurse are present each week. Here the baby is weighed, progress noted and any errors in feeding corrected. She reports to the Supervisor of Baby Homes suitable women who might care for babies, and also any homes where babies are being boarded without the knowledge of the Department of Health. The Supervisor of Baby Homes is stationed at the Central Office in the City Hall, and she has the general oversight of all Baby Homes. Without duplicating the visits of the district nurse, she keeps in close touch with the developments in each home. By attending a weekly conference held at the Central Office, at which the Superintendent of Nurses, the five District Supervisors had the Supervisor of the Child Welfare Clinics are present. She also frequently arranges to visit the five district offices, where she meets with the nurses and discusses matters individually. The Division of Records and Statistics of the Department of Public Health keeps a complete record of each Baby Home, each child who has been in a Baby Home, and also of the parents or guardians of each child. They also compile all statistics necessary. We are very proud of the following improvements, which were accomplished during the past year, viz., the elimination of practically all Baby Homes in the downtown and ward section of the city, and the extension of the work to the three outlying districts, which are less thickly populated. If you remember the plan as outlined by Dr. Chapin regarding the formation of units where intensive work might be carried on, you will see that our plan of using the district as a unit, and the nurses of each district doing intensive work, is much the same. Another improvement in our work this year has been the control of admissions; now no child is admitted to our Baby Homes until the district nurse visits the home of the applicant. In this way the nurses have been able to influence some mothers to keep their babies or place them properly, perhaps with friends, in creches, or to secure positions, keeping the child with her. Lastly, we have secured appropriation from the city for the care of puny babies. Babies who were ready for discharge from the hospital, for sick children very often had to remain there days and sometimes weeks longer than they should have.

Thus they were in danger of becoming hospitalized, and were also occupying cots necessary for acutely sick infants, because there was no proper place to put them. Now they are sent to one of our special Baby Homes, where an experienced foster mother cares for two only of these infants at one time at the rate of \$1.00 per day for each. She has had splendid success with them so far. We have at present eighty Baby Homes.

In the selection of healthful homes and good foster mothers, attention to the physical condition of these boarded babies, removing of children from improper homes where we discovered them to be boarding with persons who had received no permission from the Department of Health to do this work, we have been most successful; but, in dealing with the social side of the problem, we have been greatly handicapped by the attitude taken to the work by several other Child Welfare agencies. The Children's Aid Society and the Juvenile Court believe that the foster mother only takes these infants in from a mercenary point of view and that she should therefore lose in case the mother deserts. This very often happens, and sometimes the foster mother finally adopts the child from sheer pity and because she has become attached to it, but it would be impossible to get her to go on with the work. One can readily see, however, that a foster mother could not be expected to continue this philanthropic work or she would soon become like the proverbial old woman who lived in a shoe, and so the work is checked by our continually losing good homes and good foster mothers because of their fear of having a deserted child left indefinitely on their hands. In order that the work of Child Placing should develop and grow as we hope it will, there must be the greatest co-operation between some one Child Welfare Agency and the Department of Health. The Children's Aid Society is the legal guardian of all dependent and neglected children, and we believe and are hoping that they may take the lead in the matter of seeing that these children are placed amidst the best possible surroundings. We therefore hope to see very soon a Child Placing Department formed within the organization of the Children's Aid Society, and the Department of Health lending its energy by co-operating in the largest measure in helping to save these infant lives.

As we said at first, this paper was prepared with the hope in view that the interest of all might be awakened to this great work, which forms an important factor in the conservation of child life.

May we have succeeded in doing so to such an extent that we as Canadian Nurses will support every movement towards this end in whatever community we may be placed; and may we see in later years, as a result of united effort, institutions only being used for the mentally defective and other special cases, and may we see all normal children enjoying the same privileges which we ourselves have enjoyed, that of the family life within the home, growing up to be healthy, sturdy Canadian boys and girls, worthy to fill up the gaps made by our brave soldiers who have given their lives for the preservation of liberty and Canada.



## Military Nursing

By Nursing Sister C. A. M. C.

-To combine a great adventure within the classic realms of history, romance and beauty with an important, arduous work, undertaken with eager enthusiasm and burning patriotic zeal, does not often fall to the lot of the ordinary woman, but when it is her lot one might expect her to be so dazzled by the fascination of the adventure that the grave work would become secondary and the patriotism and zeal lose their ardor—let no one say that of Military Nursing Sisters—in spite of undreamed-of travels, such as might have been wrought by the wand of a fairy god-mother, their work remains the one thing of supreme importance, all the other events being merely incidental.

The Military Nurse has always been a much-travelled person, because, wherever the British soldier goes, and that is far and wide as the British Empire extends, she is there to tend him when wounded and to nurse him when sick. In the present war, Canadian Sisters have nursed in France, Belgium, Russia, Macedonia, Lemnos, Gallipoli, Egypt and Malta, and perhaps elsewhere that the writer has not heard of.

To be a Military Nurse at this time, when our nation, with her Allies, is in mortal combat for the cause of Truth and Liberty, is the greatest privilege that is a woman's—and that privilege to pour in the oil and wine and to bind up the wounds and comfort the soldier-soul on the brink of the Styx, belongs to-day to thousands of women who are appropriately and beautifully named "Sisters."

This paper is compiled from the personal observation of one who has been very fortunate in having a wide range of experience since the war began—experience consisting of: (1) Stationed in a British General Hospital in Rouen, with duty in two Surgical Marquees holding 52 beds, with staff of two V. A. D. Sisters, two Nursing Orderlies and two General Duty Orderlies; also the duty of lecturing to the V. A. D. Sisters attached to the hospital and to the Nursing Orderlies; (2) on board Hospital Ship plying between Gallipoli, Lemnos, Salonica and Malta, duty consisting of officers' ward and operating room; (3) Canadian General Hospital in Salonica, duty consisting of operating room, officers' wards, home sister, surgical wards; (4) Barracks Hospital Home Service in England, officers' ward day, medical wards night.

Military Nursing follows no law, abides by no rule, is governed by no precedent that is not honored in the breach and disregarded coolly when the occasion, expediency and necessity require. A broad-minded, progressive intelligence, a quick imagination and a supreme disregard for that "aseptic conscience," so necessary in civil nursing, are essential factors in successful Military Nursing. The alert brain of the Trained Nurse, quick to think, quick to act, and her courageous poise in the presence of the ghastly consequences of war, make her an admirable adjunct both to the Medical Officer's skill and the soldier's courage. The Sister

has a definite and distinct place in this great conflict of Right against Might; indeed, she may be reckoned as one of the great economic factors for the conserving and preserving of Man Power.

One very interesting feature about Military Nursing is its democratic tendency. Every hospital unit has a Matron, who has an assistant; apart from these two all others are equal—there are no grades. It is not so in the Imperial Service (Queen Alexandra's Imperial Nursing Sisters); there they have, besides the Matron and her assistant, Sisters of the Royal Army Medical Corps, who are detailed for the duty of Supervisors of Divisions, e. g., the Sister supervising a section of the Surgical Division (usually divided into four sections) of the Medical Division, and the Sister supervising at night. These Sisters wear all-scarlet shoulder capes and the badge of their rank, two-inch wide red bands around the forearm of their uniform. Next come the Sisters in charge of wards; they are either from the Army Reserve Branch or the Territorials, but both wear grey shoulder capes trimmed all around with scarlet cloth about two inches wide, and the badge of their rank, two-inch-wide scarlet bands on the forearm. Then come the Staff Nurses, who are also drawn from the Army Reserve or Territorial ranks. Promotion to the rank of Sister comes to them with length or distinction of service; the British Matron-in-Chief grants the promotion on the recommendation of the Matron of the Hospital. V. A. D. Nurses rank below the Staff Nurses and take the same standing as Junior Nurses or Probationers. In the Imperial Service there are also Nursing Orderlies, who have two years' training, and are often very capable and efficient nurses. The curriculum of their training is much the same as the calendars used in Canadian Training Schools. It is easy to comprehend that democracy is not a feature of the R. A. M. C. But it is a beautiful and established fact in the C. A. M. C., where all Sisters are Trained Nurses and rank as equals. It is a very exceptional occurrence to meet a Sister who refers to her past work or experience in a superior manner. Everything fosters this democratic spirit—the communal life the Sisters live, especially on Foreign Service; their mess, which is entirely communal and is managed and arranged by the Sisters themselves. They elect a Mess Committee, comprising a President, Secretary, Treasurer and two other members, who instruct and confer with the Home Sister in her purchasing and expenditure. The Mess President takes the chair at all mess meetings; the Matron attends as an ordinary Sister, and the majority governs.

Another feature of the communal life which suggests Utopia is the delightful manner in which Sisters are paid. Their money is paid directly into the bank and is drawn by cheque, giving one the glorious feeling of being cared for as "the sparrows and clothed as are the lilies of the field" by a beneficent Providence, and fosters the divine fervor of patriotism and devotion to the Service. Truly we must eat to live, and always we must pay to eat, but to have the wherewithal fall as Manna



into our bank account is the very expression of the ideal. All true essential service and work should always be so rewarded.

In social life the democratic spirit rules entirely; former Superintendents and Matrons of civil hospitals meet their pupils on an equal footing; senior nurses and Supervisors of Departments find themselves rooming in closest intimacy with their former juniors and probationers, and there is no hint or suggestion of old-time condescension and superiority. It all makes a condition of charming good-fellowship (*bon camaraderie*) seldom experienced in civil life.

*Patients.*—The British "Tommy" is perhaps the most delightful and fascinating of all patients; his perfect "sang froid," unquenchably optimistic spirit, spontaneous gaiety and marvellous courage give one the intense desire to serve him with every ounce of concentrated ability and devotion—no labor counts, no weariness hinders a Sister's efforts to atone to him for his heroic service to mankind.

During the Summer of 1915, when everything was practically stagnating on the Western Front and very few wounded were being received, medical cases were filling three-fourths of the hospital; ennui was sapping the staying qualities of certain types of men. It was then that Sisters, new to Military Nursing, heard a queer saying, "Swinging the lead," and were horrified to discover that some patients were doing it, or, in other words, malingering; it gives one a sick feeling of pity and disgust combined, and makes one ashamed to look the lead-swinger in the eyes; but, when September came, bringing the first British offensive and consequent trainloads of wounded to fill the hospitals to overflowing, the malingerer vanished into oblivion, or, to be more correct, into the trenches.

Then nursing became a dual art, in the operating of which the sordid material details of the flesh stalked side by side with the grandest qualities of the soul and the ethereal visionary ideals of the spirit; this dual condition is always present to some degree in a nurse's duties, but in the duties of a Military Sister it finds its most exaggerated manifestation.

In the first rush, when the sound of the Convoy Bugle seemed never to die in the air, the General Hospitals of 1,040 beds were increased by hundreds of beds. The supply of regular marquees gave out, and great store tents of unlined canvas were erected by fatigue parties working night and day; in fact, the General Hospitals became mere clearing hospitals. Convoys of patients arrived, were bathed, put to bed (or vice versa), wounds were dressed, cases classified and passed on. Those too badly wounded and those estimated to recover in less than three weeks remained in the hospital until congestion occurred, when the former, somewhat rested and able to travel as cot cases, were transferred to England and the latter to Convalescent Camps. Convalescent Camps virtually became hospitals, manned by orderlies, for the slightly wounded. "Blighty" (England) was a new name for "Paradise," and Heaven's

gates virtually opened to the wounded man marked for "Hospital Ship." To describe those mud-encrusted, blood-stained, utterly worn-out men as they limped or crawled or were carried into the hospital requires the pen of a poet; they were pitiful, but jubilant with victory, for they had won; and surely, then, it was the beginning of the end. It is rather rare for a soldier to talk much of his share in the fighting, but after the long inaction they were elated with action and success, so they talked and described to each other what had happened, and the Sisters, as they dressed their wounds, thrilled with exultation at what they heard. In those days, work without ceasing, except for hurried meals, lasted from 7 a. m. to 10 p. m.

Of the Canadian soldier on active service as a patient the writer is unable to speak; but of the Canadian soldier in hospital in England she can say a great deal, but that would not be a fair comparison. However, there is one fundamental difference between the average British Tommy and the average Canadian soldier, and that is that the former still remains a soldier when in hospital, while the latter reverts to his pre-soldier days, and in many cases demands the "moon." His contempt of hospital rules and regulations and necessary restrictions are a great source of friction. He is much better fed and paid than "Tommy," but he is much less satisfied with what he gets. Nevertheless, the Canadian soldier is a splendid and delightful fellow.

Strange to tell, it is not the soldier wounded or gassed, or even sick unto death, who reduces one to the extreme passion of pity, constricts the heart with pain, and brings an agony of suffocation into the throat—it is the splendidly-fit men going up to the Front. The sick and wounded are ours to protect from further harm, to nurse and comfort; but the young manhood going to be wrecked mentally and physically, mutilated, annihilated—oh, the tragic horror and pity of it! In Rouen they passed our tents day and night unceasingly; singing, always singing in the daytime, but keeping us awake at night by the queer whispering swish of their feet, like a soft wind among dead leaves; as many as eight thousand have passed in one night.

French, Greek and Serbian soldiers were occasionally our patients, but only by one or two at a time—too few to form any true estimate of their characteristics; however, they were always most courteous, agreeable, docile patients, and always absurdly grateful and devoted.

*Hospitals.*—At first most of the hospitals in France were constructed of tents and Indian marquees, but these have now been replaced by huts. The marquees (each one was a ward of twenty-six beds) were very nice in Summer, cool and shady when the sides could all be rolled up, but leaving much to be desired when the wind blew strong and the rain fell, but they were still less desirable in Winter, when the frost and snow and intense cold prevailed. Then, too, the Sisters suffered excruciatingly from chilblains on hands and feet. The marquees are manufactured in Cawnpore, India; they are made of strong white canvas



outside, yellow canvas inside, and interlined with red or blue. They give splendid protection against the sun and admit the maximum amount of air; when all the sides are rolled up the patient has practically outdoor treatment. The Canadian Tent Hospitals are usually built of Hubert Tents, manufactured in Canada; each tent holds eight beds. They are made of strong brown canvas with white extension roofs elevated about a foot above the brown canvas roofs. They are also capable of being rolled up all the way around, but they are very inconvenient and inadequate for hospital purposes.

*Salonica.*—The first Canadian General Hospital in Salonica was constructed of these tents, and very smart and businesslike it looked. In this case a ward consisted of five separate tents in a straight line, the middle or third tent being the service tent. At first there were six beds in the service tents, so that the Sister's writing table, medicine cupboard and dressing supplies were crowded into an incredibly tiny space on one side and corner, while in the opposite side and corner a large wooden table wedged itself. This table was used for every purpose of ward work—preparation of food, and on wet days all the washing up had to be done on it. After a few months the congestion of patients eased up and the beds were removed from the service tents and a dining table for up-patients substituted in each. It was a nice arrangement and much appreciated by the patients. When a great rush occurred and the hospital was called upon at a few hours' notice to accommodate several hundred more patients than its capacity, great store tents of unlined canvas were obtained from Ordnance; straw was laid thickly on the ground, and on top of that several thicknesses of blankets, to serve as mattresses and stretchers, were placed closely together. During a terrific blizzard, lasting some days and burying everything under deep snow and ice, hundreds of soldiers were brought down from the hills in Macedonia suffering from frozen hands, feet and legs. It was impossible to evacuate quick enough to the Hospital Ships, hence the use for these big tents.

In the early days, too, water was a problem and had to be brought in carts from the river, miles away. When the river became frozen, even greater difficulties developed. The fluid called water was reddish brown and thickly muddy, but most precious. The contents of hot-water bags were carefully heated and re-heated ad infinitum; melted snow was a boon. Water, for food, tea and coffee, was so chlorinated that everything tasted like nauseous medicine. During these early days, too, after the British retreat before the Bulgarians from the Doiran District, every one lived ready packed to leave. Rumor was busy with the wildest tales. Identification discs and Red Cross brassards were issued to each of the personnel.

Surrounding the hospital and spread out over the plains, and reaching away into the hills as far as the eye could see, were thousands of white bell tents, housing tens of thousands of soldiers. The bugles of

the infantry rang all day, while the trumpets of the cavalry called the horses to water most musically. Military bands, bugles and drums filled the air with martial music, mingling with the shouts of the drill sergeant and the marching of troops. As silently and quickly as they came, the tents were folded and the soldiers vanished beyond the hills.

After seven months in a tent hospital situated on the unfenced, undulating plains of Macedonia, six miles out from Salonica, the hospital was moved to newly-erected huts at the other side of the city. A hut hospital is a very efficient type indeed. Each hut consists of a long ward capable of holding thirty-six beds. There are two entrances—one at each end. At the main entrance are situated the office, dressing room, kitchen, wash-up pantry, bathroom and toilets. The main hospital road divides the surgical from the medical wards. The huts are placed in lines running backwards from the road. They are lettered and numbered thus: S. A. III means Surgical Ward A, and third hut in line, and M. C. I. means Medical Ward C, first hut in line, and so on. The Isolation Compound is placed some distance apart on the Medical Side and has its huts running at right angles to the medical lines.

Barracks buildings in Egypt, Malta and England are frequently used for hospital purposes, but they are not at all efficient nor convenient. They are usually old-fashioned in construction, and, being built for an entirely different purpose, are difficult to adopt with satisfaction. They are hard to keep in order and in good condition; the appearance of the wards, kitchens and wash-places never indicates the great amount of time and labor expended on them each day.

*Treatment.*—Of course, every one knows that the great essential difference between civil surgery and military surgery on active service is that the latter is Antiseptic Surgery. In huts and on home service, where sterilizers can be kept running and ward conveniences are all present, asepsis becomes possible, and, needless to say, is always reverted to; but on active service, in tents and huts in the rush following a big action, antiseptics are always used; iodine for swabbing and antiseptic gauze for first dressings. Ensol for wet dressings is very largely used, but all the antiseptic solutions have their adherents. Methylated spirits is commonly used as a substitute for alcohol, which cannot be obtained. Gloves are freely used, as they protect the hands and permit of much stronger disinfectants being used in going from case to case. A small sterilizer over a methylated burner sterilizes instruments as quickly as they are required. The unlimited supply of sterilized dressings of every kind sent by the Red Cross permits satisfactory surgical technique under the most adverse conditions. It is interesting to note that the first week's operations in Salonica held the record for number for nearly four months. Water was then at a premium, but the Red Cross supplies were super-abundant.

Operative Surgery was, of course, largely confined to imperative cases. At one time, before the fighting in Salonica, the great numbers



of medically-sick soldiers admitted to the hospital crowded the surgical as well as the medical wards. It became wildly exciting for an eminent surgeon to have a ward filled with, say, malignant malarial patients with temperatures ranging from 106, or perhaps a ward of mixed medical cases. He crammed from all the medical text-books, brochures and treatises to be found in the Officers' Library, and became the subject of much sarcasm from his medical friends.

In medical treatment there were no departures from the fundamental principles. When water for cooking could scarcely be obtained, it is needless to say baths on admission were not the rule, but, with the end of the severe winter weather, that difficulty was quickly overcome. Water tanks were set up and pipes laid to the outside of every service tent, and baths and everything clean given on admission.

Dysentery cases were isolated. The type was changing from the simple self-contracted type to the infectious amoebic type. Dysentery carriers were carefully sought out and most carefully treated and isolated. Serums were freely used—dysenteric serum in dysentery and anti-tetanic for wounds. A splendid laboratory hut was established very early, with every modern equipment and every facility. Pathological work became an outstanding feature of the hospital, and the laboratory rapidly became famous for its effective research work and brilliant staff.

*The Dardanelles.*—We steamed up the Dardanelles and anchored off Suvla Bay in the middle of the night, and we could not believe the evidence of our eyes when we saw the winking and flashing of our own and the Turkish batteries. Our excitement was intense when we realized that we really were within sight and sound of the fighting; it was a strange sensation. When the sun rose we clearly saw the British batteries along the shore, while from the top of the ridge the Turkish guns were spurting fire. On the beach there was a Casualty Clearing Station, and, when a Turkish gun found a mark nearby, the stretcher-bearers could be seen running out and carrying the wounded to shelter. We watched the shells bursting away up the valley or on the hillside, throwing up clouds of brown earth and rocks; sometimes the answering shells fell harmlessly into the sea not far off. But all previous emotions were mild compared to that which possessed us when with a crash and shriek the great battleships away out beyond opened fire, and with awful deliberation 12-inch or 15-inch shells left a gun with a thunderous roar, screamed through the air and exploded far away inland, setting all the echoes crashing together. Our ship seemed to quiver in the shattered air. It was our first real experience of war at close quarters.

We took over six hundred patients on that first trip, very few of them wounded—nearly all sick with dysentery and jaundice. The dysentery cases looked like long-dead men walking; they were the most tragic sights we ever saw with their parchment-yellow, dried skin drawn over the bones of their faces and burning eyes set in black holes.

A burial at sea from a Hospital Ship is a simple, silent and rather furtive act; the mysterious still form under the flag, lying in the stern, then the pause of the ship for a minute during the solemn consignment to the sea, and it is all over. No one goes near but those necessary for the purpose. But surely there is no more fit resting place for the sun-scorched, sand-choked soldier from the fly-infested trenches of Gallipoli than to sleep in the beautiful waters of the Aegean in the shadow of the classic Isles of Greece, or in the cool, grey, tideless Mediterranean—many of the Roman Legions have already slept there for centuries.

The scope of this paper does not admit of any description of the different countries travelled in or of the peoples sojourned among, but it is, perhaps, pardonable to say one or two things of the wonderful pictures our memories will hold besides those of weary, broken, sacrificed manhood.

Forever two little torpedo destroyers, the "Lapwing" and the "Linnet," which rushed out of a blanket of white fog at mid-day as our transport slowly steamed into the danger zone, bringing with them the assurance of perfect protection and absolute safety, will remain a thrilling memory. Forever the May loveliness of Devon; of the pink earth, the many-tinted green fields, hedges and trees; the centuries-old villages set with perfect ivy-mantled grey churches; mansion-houses in stately parks, and, beyond the embattled cliffs, the blue sea, and above a serene sky—all peace and wonderful beauty, will remain the most fragrant memory of all. The beauty of France in early June, the masterpieces of Rouen associated with the mystic atmosphere of Jeanne d'Arc, cannot outclass the exquisite beauty of the south of England. Five months' sojourn in Rouen will always remain a joy, from which the perfect Rose window of St. Owen and the view over the valley of the Seine from the Jeanne d'Arc monument at Bon Secours stand out from a hundred others as clear-cut cameos. Then the Mediterranean; the old Lion of Gibraltar, grim and frowning in the grey of a dull evening; Malta, the first suggestion of the East, a graceful but impregnable fortress—nothing hitherto had given us such an impression of Britain's invincible power as Malta—picturesque, all creamy white and ringed around by the blue Mediterranean. Next the Aegean, the most beautiful of all seas, deeply and truly blue, reflecting the mountains and isles of Greece. Lemnos followed, bare, desolate, sandy and flat, embracing a splendid, turbulent harbor, crowded with every type and description of ship. Next, and by night, the famous peninsula, Gallipoli, and, at last, anchorage off Suvla Bay, until every available cabin, bed and foot of deck space was occupied by a sick or wounded soldier. Return to Lemnos to discharge walking patients, then en route for Salonica. Expectation and excitement became electric as we neared the coast of Greece and came within the boom of Salonica harbor at four o'clock in the afternoon, with the western sun glittering from every golden mosque and pinnacle, crimsoning every window and making the



picturesque white buildings a lovely pink. Over the hills behind the city a wonderful luminous haze quivered like an amethyst veil shot with rose and gold, while directly opposite the city, across the harbor, with the setting sun preparing to disappear behind its left ridge, rose in majestic beauty the snow-crested peak of Mount Olympus. One did not have to be a poet to be thrilled and elated as in exquisite rapture we watched the sun set, dying the water blood red and leaving the great mountain slopes in purple gloom. In the night we sailed for Malta, returning once more to Lemnos and Suvla, where we stayed for three days while a great storm swept the peninsula. On the way back with patients we called at Embros, the Naval Air Base for the Mediterranean, then Lemnos once more, and finally Salonica, where we were claimed by our O. C. and taken to our own hospital—our great adventure was over! For many long months we lived and moved, slept and waked, in the shadow of Olympus, and its beauty never waned, though it was ever changing, and who that saw it could doubt when the moonlight flooded every valley and defined every peak that in the purple shadows the great gods still held solemn conclave and decided the destinies of men.

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## Nurses' Work in Women's Institutes

By Mary J. Kennedy.

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### *A Lecture-Course to the Women's Institutes on Home-Nursing and Emergencies.*

The Women's Institutes are too well known to need introduction. They have become a very important factor in the country. Suffice it to say, their motto is: "For Home and Country." Their object is mainly directed towards the amelioration of conditions as affecting women in rural districts, and towards general elevation in the standard of living. The Institute activities are of an educative nature and deal with moral problems. Good work is being done along various lines for home and community—social clubs, flower shows, school gardening, hot lunches for school children, libraries and, of course, Red Cross work. Several Institutes have their own neatly-kept and furnished hall or meeting rooms equipped with tea-service, dishes, stove, etc.

Co-operation between Institutes includes conferences, entertainments, essay competitions and interesting monthly programmes.

The zeal of the members might put to shame the diffidence and lack of interest so general in the majority of nurses' clubs and associations.

There is a vast difference in the country settlements of Eastern and Western Canada. The great distances and isolated communities in the West make the settlers dependent on home resources, now especially, when physicians are not available on account of the numbers who have

gone to the war. It was, therefore, timely that a course of lectures and demonstration on home nursing and emergencies was afforded the Women's Institutes by the Department of Agriculture of the Province of British Columbia.

I believe British Columbia was the only one of the Provinces to send out instructors in the year 1915, when money stringency was felt even by the Government.

It is a matter for congratulation that the Department selected Graduate Nurses, which I understand was not the case in a neighboring Province.

When I was appointed, in the autumn of 1915, to give a lecture course, there were fifty-four Institutes and about three thousand members in this Province.

It was with some trepidation that I pulled myself together to prepare suitable matter which would convey the necessary instruction in prevention, practical home nursing, emergencies, etc.

It would have been easier to address nurses along the familiarly prescribed lines than to prepare matter suited to the exigencies of home and country life.

With mixed feelings, I—who have always been afraid of my own voice—saw my name posted in the town postoffice and other conspicuous places as the lecturer. It will readily be understood, however, that a course which really was a heart-to-heart instruction and demonstration should be technically designated.

The itinerary was prepared by the Department of Agriculture, and every facility for comfort and success was afforded us. The arrangement was to spend three days at each centre, giving six lectures and demonstrations morning and afternoon, or afternoon and evening, to suit the convenience of the members.

The hall or meeting place was provided by the respective Institutes.

First of all the syllabus had to be got up—thought out and put in form—by my colleagues and myself.

The syllabus of lecture work was as follows:

*Lecture 1. The Prevention of Sickness*—How to keep well; some laws of health; what to have ready; sick-room utensils, and the care of them; reading the thermometer; the home medicine cupboard.

*Lecture 2. The Care of the Patient*—The ideal sick-room; bed-making with patient in it, for various illnesses; bathing, and handling the patient; comforting measures and necessary precautions; invalid diet; convalescence.

*Lecture 3. Practical Nursing*—Watching the signs; bedside notes; the value of water; hot and cold treatments; special baths, compresses, enemas, etc.



*Lecture 4. First Aid in Small Accidents*—The meaning of surgical cleanliness, and sterilization; how to dress cuts, bruises, stings and burns; a lesson in bandaging.

*Lecture 5. Serious Emergencies*—How to act first, and what to avoid; shock; insensibility; hemorrhages; fracture, and splint-making.

*Lecture 6. Maternity*—The expectant mother: cautions and precautions; preparations for the child's birth; the care of mother and infant; how to feed, clothe, bathe and tend a new-born baby.

The equipment for demonstrations consisted of a doll (Joseph), who had several roles to fill, that of general patient, baby, and mother (when, of course, he became "Madam Josephine"). There were also model baby clothing, bed, bedding, various bed-comforts and appliances, dressings, some rubber and other utensils, and bandages—making use particularly of triangular bandages. There was always some one willing to be the patient for this demonstration, which was very popular. So many have an idea that bandaging is the sum total of nursing knowledge!

I found the keenest interest and appreciation everywhere, although many members were hampered by duties, distance and short daylight. One member rode twenty-two miles and return. Another drove one day twenty miles, and several repeatedly walked a distance in rain and bad weather. There is no doubt that it is a considerable hardship to attend meetings more than once a day.

It was gratifying to note the attendance and attention manifested by many practical household nurses, and the nice spirit and eagerness to gain every advantage from the course. Several came to me after the meetings to ask questions, or discuss "a case." All the members were free to ask questions just when they thought of them, not running the risk of forgetting if left to the close of the instruction, although the programmes for each lecture provided space for notes for future reference.

There were some binding prejudicial traditions, which are not easily overcome, as well as an absence of common knowledge on matters affecting health, but on the whole I found the people open to conviction.

The maternity lecture drew the largest attendance, and frequently members expressed their interest in the subject of pre-natal care, and regretted their former lack of knowledge, with the consequent discomfort and suffering.

I regretted there was not more time to devote to instruction on the proper care and feeding of children. I endeavored to impress, however, that a baby will survive a great deal of neglect in other ways if it be properly fed, and no amount of attention will compensate for ignorance or carelessness in this respect.

I am an enthusiast in the matter of Women's Institutes. One can scarcely imagine what they are to many members—who would perhaps otherwise be mostly shut in—to mingle with their gifted neighbors and co-operate with them in ways and means for the common weal.

I met with the greatest kindness and hospitality throughout my trip, and found so many unaffected, charming women, many former nurses and school teachers, in my audiences.

My travels were not without incidents amusing and unique. One member, on the principle that "one good turn deserves another," wished to convert me to "New Thought," being quite sure that I would make an excellent disciple of the new cult. Again, having arrived at a comfortable hotel in a pretty town, I thought to have an hour or two extra sleep on Sunday morning, but about seven o'clock I was awakened by a Chinaman knocking at my door and shouting, "You go Church?" I bade him begone, and in half an hour I was recalled to know, "You want boots clean?" Again I told him to go away, only presently to be solicited, "You go breakfast?" My feelings can better be imagined than described. Later the housekeeper explained to me that the boy had an annoying zeal for getting the rooms vacated and done up early, and the accommodating traveller who left on an early train suited his purpose. Not suspecting me of being a female "drummer," he appealed to my possible susceptibilities.

Taking it all around, I can recommend a lecture course to Women's Institutes as an interesting experience, and a factor for good.

Victoria, B. C., 1917.

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## History of Nursing

(By Miss Gertrude Snyder)

The History of Nursing is not in reality a History of Nursing, but a History of Medicine and Surgery from its earliest times, and to attempt in one afternoon to go into even the most important details of such a history would not be possible.

The art of nursing is one of the oldest, having been practiced in one way or another since the earliest times—not only are nursing procedures part of the history of all savage tribes, but are seen in the animal world. The cleansing of wounds by licking, the wounded animals who seek running water and stay in it days at a time until inflammation ceases, some birds (notably snipes) who put on a broken leg a sort of splint of strong reeds; the eating by animals of certain plants that act as emetics. All these and many more are instances that the art of hygiene and nursing is one of the most natural instincts, which even the animals possess.

Amongst primitive man there was as well a knowledge of hygiene—nursing—and the use of drugs and surgical procedures. The men of the tribes were the fighters, the women were the dressers of the wounds, while the old women were the herb gatherers and brewers. Massage was practiced, originating doubtless in the practice of pummeling the body to drive out evil spirits. The sweat bath was performed as a religious rite before going to battle; bleeding and cupping, opening ab-



scesses, amputation of the injured limbs, trephining, Caesarian section and vaccination were performed. The beginning of such procedures were inevitably the consequence of religious ideas. Sickness was caused by evil spirits, and we can well understand how insanity, delirium and convulsions could well be considered as arising from evil spirits. Hence, the medicine man, who was more priest than physician, and who offered incantations and performed the rites, associated with him to do the actual pummeling, beating, herb brewing, sweat baths, etc., the old women, who were supposed to possess great powers with spirits. These were undoubtedly the first nurses, although the word nursing does not appear until long after hospitals were established. Undoubtedly the reason for this was the fact that nursing is such a natural instinct it was never considered of sufficient moment to be mentioned. As religion and medicine were so closely interwoven, naturally the first hospitals were connected with the temples of worship and were places where the sick came, not to be cared for, but to pray or offer sacrifices.

In ancient Egypt the sick went to the temples of the Gods Osiris, Isis and Serapis. Isis was supposed to be specially interested in them and to bring help while they slept. In both Egypt and Babylon it was the custom to lay the sick in the streets, and there was a law requiring that the passers-by should give them what advice they could out of their own experience. Some of the prescriptions obtained in this way were written down and preserved in the temples. The ancient Persians had houses for the sick poor, who were waited upon by slave boys and girls.

In the old Hindoo villages there were hospitals for the care of sick travellers, and medical specialists were appointed to them. In Ceylon, in the fifth century before Christ, one of the kings established what was doubtless a true hospital. King Asoka, about the year 225 B. C., built eighteen hospitals. These public hospitals were also schools of medicine. The attendants in them were required to be competent to cook, to give baths, to prepare medicine, to handle bed patients, to get patients in and out of bed, to give massage, and to perform a list of duties not unlike those of the modern trained nurse. This must have necessitated some sort of instruction.

The Vedas, the sacred books of India, treat of medicine, of major and minor surgery, bandaging, poisons and their antidotes, and drugs; they also discuss nervous diseases, insanity, children's diseases, and genitourinary diseases. They contain much instruction in hygiene, and set forth the theory that disease is preventable. They teach that the chamber of a lying-in woman shall be very clean and well ventilated and that midwives shall have their nails cut short. They advise daily bathing, daily cleansing of the teeth with a special sort of stick, etc. They also say that physicians shall have their hair and nails cut short, wear white clothing, take a daily bath; that they shall not speak of what they have learned in confidence from the patient; they recommend that sweet-smelling drugs be burned in the operating room to pre-

vent devils from getting into the wound. In all their regulations there are hints of the germ theory of disease.

Moses has been called the greatest physician of all time. It is certain that he was a masterly sanitarian, and the practical application of his code will be appreciated when one realizes that he was in charge of a camp of more than a million people. All the principles of modern sanitation are anticipated in the Jewish law, and its methods are in accord with modern bacteriology.

As far back as 1134 B. C. there was at Epidaurus, in Greece, a temple to Asklepios, the God of Healing. It was a beautiful place, resembling some of our modern sanatoria. It was a house for those who came to pray to the god, and was a hospital only in the sense that the sick were cared for in it. The patients brought their own bedding; there were bath attendants and slaves who waited upon the sick. The Greeks did not feel it worth their while to care for any cases of illness but those considered curable. Persons hopelessly ill were often left to die in the streets. Obstetrics was done entirely by midwives, except that in difficult cases they sent for the priest. Maternity cases and the dying were regarded as unclean, and were put outside the city walls, to get on as best they might. This practice continued until about 140 A. D. The care of sick slaves was one of the duties of the mistress of the mansion. Wounded soldiers were nursed on the battlefield at public expense. In the time of Xenophon, 400 B. C., there was an organized medical corps in the army. All this work was utilitarian rather than humanitarian, however, since slaves were property and therefore valuable, and soldiers were the mainstay of the nation. Hippocrates, the Greek, who lived about 400 B. C., is called the Father of Medicine; he set forth principles which have governed the practice of medicine up to the present time. He taught that disease was not due to demons, but to the breaking of natural laws. He urged careful observation of the sick and taught the meaning of posture, expression, breathing, and other symptoms. His works give full directions about hot applications, poultices, etc.; teach that fever cases should have fluid diet, and advise cold sponging for temperature. He urged the necessity for clean, smooth bed linen; advised the use of mouth washes, light and regular nourishment for heart cases, and much fluid for kidney cases; suggested that the insane be kept occupied, that they be provided with music, etc. Most of these things we regard as modern nursing methods or discoveries.

The Roman knew a good deal about sanitation. Julius Caesar was the first statesman to recognize teachers of hygiene, and he had a regular medical service in his army. The old Roman hospitals were, in accordance with the Greek idea, only for slaves and soldiers; the nursing was done by women and old men of good character. In Roman ruins found in Switzerland there were discovered many nursing utensils, enema bulbs, tubing, rectal tips, ointment jars, etc. In Pompeii, which was destroyed in the year 79, there have been found many fine



surgical instruments similar to our own—scalpels, forceps, artery clamps, drills, elevators, obstetric forceps, and vaginal specula of modern pattern.

### *Early and Medieval Nursing.*

Very early in its history the Christian Church founded institutions where the sick and helpless of all kinds were cared for. These were commonly built next the churches and were supervised by the clergy. The workers in them were called deaconesses, and were sometimes unmarried women, but more often widows. The first large Christian hospital was probably Basileus, at Caesaria, founded in the year 370. Macrina, a deaconess, was evidently its superintendent, or at least superintendent of nurses. A little later Chrysostom built two large hospitals in Constantinople. Olympia, a wealthy woman, who became a deaconess, nursed in both of them. About the year 300, Fabiola, a Roman lady, erected a house for the care of the sick. At the Council of Nice, held about this time, hospitals were mentioned as an established work, and were spoken of with enthusiasm. Paula, a noble Roman lady, founded at Jerusalem a hospital and a religious community for women.

Paula was a typical nurse of this period. She was an educated woman, and one historian goes so far as to pronounce her "the first trained nurse." She was doubtless one of the first persons who systematically trained nurses. An old English translation gives a quaintly vivid account of her work: "She was marvellously debonair, and piteous to them that were sick, and comforted them and served them right humbly; and gave them largely-of such food as they asked. She was oft by them that were sick, and she laid the pillows aright and in point; and she rubbed their feet and boiled water to wash them."

The Deaconess Order may be regarded as the first Visiting Nurse Association, since deaconesses in apostolic times cared for the sick poor in their homes as well as in the hospitals. In the year 400 there were forty deaconesses serving as parish nurses in Constantinople; Phebe, mentioned by St. Paul, is regarded as *the first district nurse*. From her time visiting nursing has been done in one form or another in all civilized countries.

Nursing sisterhoods in great numbers were founded from about 500 A. D. on. The members were at first not bound by any vows and wore no distinctive dress. Later the clergy obtained control over them, directed their work and imposed vows. The Sisters of St. Elizabeth, the Sisters of St. Catherine, the Ursulines of Austria, the Lazarists, the Grey Sisters, the Black Sisters, the Sisters of Our Blessed Lady and other orders were established in those early days. The Beguines of Belgium, founded in the seventh century and continuing until the present, are a typical order. The members do not take strict vows and may leave the order at any time. They have always done both hospital and private nursing. Their large colony (Beguinage) at Ghent, consisting of small, separate houses, is a most immaculate and interesting little village.

Fully one-half of the nursing of medieval times was done by men, since it was thought improper for a woman to nurse a man who was not a close relative. There grew up many religious orders of men that included nursing among their other duties. Some of these are the Brothers of St. Anthony, Brothers of the Holy Spirit, the Begards, the Alexians and the Knights of St. John. John Howard, of England, who, about 1780, made an extensive investigation of hospitals, found some of the best work being done in hospitals belonging to brotherhoods.

There were a number of orders that included both men and women, such as the Brothers and Sisters of Mercy and the Brothers and Sisters of Charity. They worked together in hospitals, the Sisters caring for the women patients, the Brothers for men; they also went out to private duty. The members of all these orders were from the various ranks of society, but the nobles were executives and held the posts of honor, while the lower-class members did the rough manual labor. Three to six months' training in nursing was usually given.

From the time of the apostles many persons made pilgrimages to Jerusalem and other holy places. Both men and women made these journeys, and the practice became fashionable. In those days, travelling was slow and often dangerous, and hospitals were needed along the chief highways to care for pilgrims who became ill or those who were the victims of bandits. Many hospitals were thus established.

The Crusades, beginning in 1096 and lasting for nearly two hundred years, also made hospitals necessary along every great travel route in Europe. Men, women and children by thousands undertook the long journey to Palestine in a vain attempt to rescue the Holy Sepulchre from the "infidel" Moslem. Many of the great European hospitals had their origin in the work of caring for sick or exhausted Crusaders, and thousands of monks and nuns did noble service in them. Special orders sprang up to undertake this work, called by the general name of Hospitallers. The Knights Templars (an order which still survives in altered form), the Knights of St. Lazarus (whose cross is the emblem of the modern German Nurses' Association), the Teutonic Knights Hospitallers, and the Knights of St. John of Jerusalem, were some of the best known orders. Many of them continued their work in one form or another after the Crusades were over. The Knights of St. John was a typical order. They built their first hospital in Jerusalem, but removed it to Rhodes, and later to Malta. It was richly endowed by kings and nobles. The knights were men of rank, some of whom, with little or no training, prepared only by experience, undertook the work of physicians in the hospitals. The "half-knights," or serving brothers, were of a lower class, and doubtless did the actual nursing of the sick. The English branch of this order, founded in 1100, still maintains hospitals and does nursing. St. John's House, in London, was even, before Miss Nightingale's time, a famous nursing center. St. John's Ambulance Association and the National Association for the Aid of the Sick and



Wounded During War are branches of this order. The order had an active part in the establishment of the International Red Cross Society. An old description of the Hospital of St. John, in Malta, gives a striking picture. The building was magnificent in architecture, though the comfort of patients was little considered in its construction. The huge wards were high-vaulted rooms with very small windows. Their stone walls were hung with woollen curtains in winter, but must have been cold in winter despite them. Patients were housed and cared for according to their social standing, and the slaves, who constituted a large portion of the number, were assigned to what was practically the cellar.

When John Howard visited this hospital in 1789, he gave a rather poor account of its care of patients. He says: "The wards are all so dirty and offensive as to create the necessity of perfuming them. I observed that the physician, in going his rounds, was obliged to keep his handkerchief to his face. There were about 520 patients. They were served by the most dirty, ragged, unfeeling and inhuman persons I ever saw. I once found eight or nine of them highly entertained with a delirious, dying patient. The Governor told me that they had only thirty-two servants, and that many were debtors or criminals. At the same time I observed that nearly forty attendants were kept to take care of about fifty horses in the Grand Master's stables. In the hospital for women there were 230 patients. A more offensive and dirty woman's hospital I never visited."

From this and other descriptions it appears that in the early days of the nursing orders, while their founders were still alive, the proper spirit of service was maintained and the nursing was good. After the founders died, more and more use was made of servants, until the real care of patients came into the hands of persons who were too ignorant of any of the amenities of life and too wretchedly over-worked to give any adequate care or to maintain even decent cleanliness.

The great Arab dynasties, embracing all of Northern Africa and Spain, had hospitals which all historians agree were superior to those in Christian countries. Bass ascribes their excellence to the fact that they were controlled by physicians rather than by monks or warriors. The great hospital at Cairo, Egypt, founded in 1283, had chief physicians who held clinics for medical students. It had its wards classified, employed both men and women nurses, had streams of running water in some of the wards, fever wards cooled by fountains, and other comforts. Damascus and Alexandria had well-equipped hospitals under expert physicians. Bagdad employed sixty salaried physicians on its hospital staffs, probably the earliest instance of the paid staff. Cordova, in Spain, had forty government hospitals. The oldest hospitals still in existence are the Hotel Dieu of Lyons (France), founded by Clovis in 542, and the Hotel Dieu of Paris, founded by Bishop Landry in 650. They were almshouses, orphanages, refuges for travellers, etc., as well as being hospitals. The nurses in these hospitals were religious women who de-

voted their lives to charity, but were not at first nuns, in that they took no vows and did not wear a distinctive dress. Those in the Hotel Dieu at Lyons are referred to as "bed-room servants, penitents, repentent maidens," etc., and were often recruited from among women who had led a vicious life and wished to reform.

In the Hotel Dieu at Lyons one nurse cared for from ten to twenty patients, and at night there was but one nurse to one hundred patients. It was here that five patients occupied one bed. The first floor of the Hotel Dieu at Paris was originally a candle factory and later a public slaughter-house. It is said that the ward windows were nine feet above the floor and seldom opened. There was no separation of medical and surgical cases, nor of contagious and non-contagious diseases. The beds were of wood, painted black, and had heavy serge curtains and canopies. Two and four patients occupied one bed, in some cases being placed two with their heads at one end and two at the other. We are told of a crowded period when eight patients were assigned to one bed, four occupying it in six-hour turns, the other four lying upon the floor meantime. The day nurses went off duty at ten in the evening, and there was practically no night nursing. If a patient died in the night, his corpse remained where it was, usually in bed with a living patient, or upon the floor. Such conditions could hardly fail to brutalize the nurses, and the work must have been very hopeless of results. The Hotel Dieu of Paris was staffed by the Augustinian Sisters, the oldest purely nursing order. They served in this institution for twelve hundred years. The sisters were entirely subordinate to the clergy, who constantly interfered with the details of their work. The priests countermanded the doctor's orders at their discretion, had ideas of their own in regard to treatment, insisted that patients fast for the good of their souls, limited the Sisters' work in accordance with their own ideas of propriety, and sometimes sent them to prayers to the neglect of their patients.

There were few large hospitals of any sort before 1100. After that time trade increased, cities grew, and, though the church hospitals made ampler provision, their accommodations were insufficient, and the municipalities were compelled to undertake the care of the sick. City hospitals were built which shortly rivalled the Church hospitals in the size and beauty of their buildings. These municipal hospitals were usually in charge of a man who was not a physician, and who knew nothing of nursing. There was no superintendent of nurses and the results can be imagined.

The religious motive was lacking in the lay persons who undertook nursing in these city hospitals, the disagreeable features of the work assumed prominence, and nursing came to be classed with menial work. A certain amount of teaching in the traditional procedures of the care of the sick was inevitable, but it must have been little more than one nurse instructing another. In few hospitals was there any provision for people of means, and most of the patients were serfs or slaves, who were not



used to rights and did not expect consideration. The work of the doctors was fantastic, weird, and often brutal. In surgical work hot irons were used to control hemorrhage, or the part was dipped into boiling oil. Hot oil was commonly used as a dressing for wounds. Anæsthetics did not exist, and operations were done with the patients held upon the table by strong men. For the convenience of the doctors several patients were in the operating room at one time, where they saw and heard what happened to their companions. For medical cases care rather than cure was the rule. Illness was thought to be sent of God for punishment or discipline, and was to be endured as best it might. Chronic cases were very terrible because of the inadequate care. Bed-sores were common and horrible. Any infection in a hospital spread like wildfire, and in the end every hospital became a veritable pest-house. The horror of hospitals, which has existed up to our own day, doubtless had its origin in the middle ages.

Persons who had comfortable homes did not think of going to a hospital. They were cared for in illness by members of their own families or by their servants, maids or valets, or those accustomed to look after children. Often the children's nurses remained with the family and became sick nurses for their charges in their mature years.

Soon after the year 1600 Vincent de Paul, a man deeply religious and eminently sensible, established a lay organization that might be considered the forerunner of the modern Charity Organizations. Its members were mostly women, and its work was a systematic endeavor along all lines of benevolence. Mlle. de Gras and Mme. de Gossault were two of the most capable women who assisted Vincent de Paul. Under his supervision they trained young women for all sorts of charitable work, including nursing. In 1633 the work was organized as a definite order, with a central home in Paris, and was called the Sisters of Charity. In 1639 they were asked to undertake the nursing of several hospitals, and Mlle. de Gras trained them for this work. St. Vincent allowed the Sisters to take vows, but only for a year at a time, so that one might drop out of the order without criticism. He wished them to retain their secular dress. Within twenty years' time the order had nearly one hundred mother-houses, and the Sisters were in great demand for both hospital and private nursing. Later, during the Reign of Terror, the Government of France recognized them when all other religious orders were suppressed. Their fame reached its height early in the nineteenth century.

There was very little special apparatus, either in homes or in hospitals, for use in the care of the sick. Articles used by well persons were adapted as best they could be to the purposes of illness. Enema bulbs and tubes, catheters and dressing basins were about all that was available. Beds were of straw, and it was customary to remove the patients when they were made. Well-to-do families had two or three beds for the sick person, so that he might be changed from one to another. Draw-

sheets were of leather, as rubber goods were unknown. Stone jugs were used as bed-warmers. Invalid rings were in use for the many cases of bed-sores, but were of leather and stuffed with hair, moss, or feathers. After a time oiled cloth was invented and was used for draw-sheets. Bed curtains, usually of woollen or some material not washable, were in common use as a protection against flies and for privacy. Bed screens were invented in 1777, but were clumsy and not much used. Wards were at first heated by means of fireplaces and later by stoves, but the rooms were so large and high that either was decidedly inadequate.

### *Early English Hospitals and Nursing*

The first hospital in England was doubtless that at York, built by Athelstane about 936. It was also a poorhouse and had a department for lepers. It boasted eight nursing Sisters. Lafranc, Bishop of Canterbury, built a hospital in that city about 1700. St. Giles' Hospital was built in 1101 by Queen Matilda. She also built St. Katherine's Hospital in 1148. Women of noble birth did nursing in these hospitals and district work in the homes of the poor. St. Bartholomew's Hospital, whose organization has been continuous to the present time, was built in 1123 by Rahere, formerly the King's jester, but then an Augustinian monk. It was the first building in England really worthy of the name "hospital," but it was at first a poorhouse and orphanage as well. It was nursed by eight monks and four nuns. In almost every town there were hospitals in connection with the Church, where the sick were cared for by monks and nuns. In England and on the Continent there were hundreds of so-called leper hospitals. Under the term "leprosy" were doubtless included lupus and other forms of tuberculosis and syphilis.

There were almost no doctors in those times, and none at all outside the important prescribers for the community, while noble women who had great retinues of servants and dependents to look after, also developed skill in the art of healing. Educated persons, both men and women, were taught a little "physic" and surgery as part of their schooling. It is doubtless a survival of these old-time ways that causes so many of the laity at the present time to feel that a nurse should know what is "good for" certain ailments. The artificial division between doctors' and nurses' work has rarely been recognized by the people at large.

After the Reformation (1517) monasteries were everywhere suppressed, and the Church hospitals were taken over by the cities. The nursing went into the hands of the servant class, whose best work was very poor. A good deal of what we regard as nursing was done by the doctors, and wherever there was a medical school the students did hospital nursing. The personal services of bathing, attending to excreta, etc., were considered servants' work, pure and simple. The *dark period of nursing*, so-called, began about 1675, and continued until recent times. There was "a complete and lasting stagnation, and it was forgotten that a refined woman could be a nurse, except perhaps in her own family. Nursing in any real sense of the term practically ceased to exist. Solely



among the religious orders did nursing remain an interest and some remnants of technic survive. Nurses were so ill-fed, overworked, and ill-treated that no one would undertake the work who could get anything else to do. The average nurse was lacking both in skill and morals. Some of the hospital rules set forth in 1789 suggest the state of affairs: "No dirt, rags or bones shall be thrown from the windows. Nurses are to punctually shift the bed and body linen of the patients, viz.: their sheets once a fortnight, their shirts once in four days, their drawers and stockings once a week or oftener if found necessary. All nurses who disobey orders, get drunk, neglect their patients, quarrel or fight with other nurses, or quarrel with men, shall be immediately discharged."

### *The Deaconess Movement and Its Contemporaries*

In apostolic times there were, as we have learned, deaconesses, who looked after the sick and poor. They were, in effect, a branch of the clergy, since they took part in the services of the Church. They flourished for three hundred years.

In the fourth century the order began to decline. Monastic orders became popular, and the custom was established that led women who were interested in good works to cut themselves off from the world by vows. Deaconess nurses were therefore no longer heard of, and during the Middle Ages monks and nurses were the only people who professionally nursed the sick.

Some of the more advanced doctors of England felt the need of help from women of a better class than most of the nurses were. About 1825 Dr. Robert Gooch tried to induce either the Methodists or Quakers to "establish an order of women, selected for their good sense, industry, kindness and piety. Let them be placed as pupil nurses in the hospitals of Edinburgh and London. Let them be examined frequently as to what they have learned. Let books be framed for them, brief and in technical. Let the women thus educated be placed two together in a cottage in some country district, and villagers would soon have reason to bless the hour that they came." Here we find the germ idea of the training-school connected with a hospital, of nursing text-books, of nurses' examinations, and of district and rural nursing. Other prominent persons tried to set going similar plans. Elizabeth Fry, who had given such conspicuous service in prison reform, was interested. Her sister and daughter, urged by Dr. Gooch and by Robert Southey the poet, succeeded in 1840 in establishing an organization called the "Protestant Sisters of Charity," which name was later changed to "Protestant Nursing Sisters." The training which they had at Guy's Hospital, London, was what we should call hospital visiting; they lived outside and went to the hospital for only a few hours a day to work under the doctors and untrained ward nurses. They seemed to have no classes nor theoretic work. They were prepared to be attendants in private homes. The order is still in existence. In 1845 Miss Sellon formed the order of Protestant Sisters of Mercy. They did some nursing among the poor. The first

purely nursing order of the English Church was founded in 1848 at St. John's House, London, under Bishop Bloomfield. The nurses were required to be members of the Church, and were supervised by a clergyman, but had, in addition, a lady superintendent. They were sent to hospitals for training, but lived at St. John's House. They had religious instruction and frequent prayer services, but nursed only a few hours a day. In 1856 the order was reorganized, and the probationers spent an entire year in the hospital. Six nurses from St. John's House went to the Crimea with Florence Nightingale. All these orders may be considered as the immediate forerunners of the modern training school for nurses.

Theodore Fliedner, the young pastor of a small parish at Kaiserswerth on the Rhine, in 1822, went on a trip to England to beg money for his Church work. He was much impressed with the philanthropy which he saw in the countries he visited; with the prison work, hospitals, etc. "When he came back from this trip Fliedner brought with him a larger knowledge of the art of caring for the helpless than any other person living possessed." He had found deaconesses at work in Holland and took much to heart the idea that this order should be revived. He knew that the work could not be undertaken without the help of a woman. Soon after Fliedner married Frederike Munster, a remarkable woman. In her early years she had founded an institution for the care of children and had shown initiative and organizing ability.

Fliedner well knew how poor the nursing was in even the best hospitals of the time. Frederike was as interested as he in the plan of reviving the deaconess order and of training its members in nursing. They fitted up a building for a hospital and deaconess home. On October 16th, 1836, the first patient, a servant-girl, was admitted to the hospital. The first nurse deaconess was Gertrude Reichardt, a woman of forty-eight, daughter of a doctor, who had helped her father with his private practice and in the war. Six other women came that first year to be deaconesses.

Nursing was the deaconesses' chief work, but they also cared for prisoners and orphans. They had a good deal of Bible study, and took their turn in kitchen, laundry and garden. Frau Fliedner was practically the superintendent, and Fliedner himself always gave her the credit of the success of the work. In her journal she wrote out notes on nurses' training, which have become the standard of Kaiserswerth work to this day. Her journal is, in effect, the first work on nurses' training ever written by a woman. The little institution was so excellent that it soon became well-known and many visitors came to it to study methods. Elizabeth Fry was there in 1840. After six years of overwork, in 1842 Frederike died. A little later Fliedner met Caroline Bertheau, who was in charge of the nursing in the General Hospital at Hamburg, and married her. She took charge of his establishment, and remained at the head of the work for nearly forty years up to about 1884. Ten years after the founding of the mother-house at Kaiserswerth there were over



one hundred deaconesses in it, and the work had begun at several other stations.

When Fliedner died, in 1864, at the end of twenty-eight years of work, there were thirty-two deaconess houses, and sixteen hundred deaconesses were at work in four hundred fields. In 1850 Florence Nightingale visited Kaiserswerth for two weeks, and in 1851 she came for four months' training. She was very happy there, though she found somewhat to criticize. She knew that it was the best nurses' training that was to be had, but it was far from her ideals.

According to the original plan, deaconesses take no vows, receive no salary, and are taken care of for life. In America these customs have been modified. The work is chiefly among the poor. Deaconesses work in almshouses, have charge of orphanages, teach children, work among prisoners or unfortunate women, or do private nursing. They have helped in many epidemics and in many wars. The order is distinctly a religious one and under the control of the clergy. This power of the pastors has sometimes interfered with the work of nursing, and some branches have seemed inclined to sacrifice efficiency to religious zeal, and to interfere with the nurse's personal relations or her mental development. Sister Gabriele, a very spirited German deaconess, left the order because of its restrictions, and stirred up a great deal of comment. The "Free Sisters" of Germany began, in the latter part of the nineteenth century, to protest against these methods of repression and subordination. They finally organized and have done much for the deaconesses of Germany. Fliedner himself appears to have been always sensible and practical and to have used his authority wisely. Some of Fliedner's Rules for Self-Examination of the deaconesses were:

"Do I take care that the ward is aired and arranged at the proper time?

Have I listened attentively to the direction of the physician, and observed punctually his orders as to medicine, diet, etc. (only verbal orders were in use), using no remedies not prescribed or sanctioned by him?

Am I careful to inform him of the patient's state, and of the particular effects of medicine administered?

Do I see that the patient's clothes, diet, etc., are sufficient and of the right kind, and have I attended to their bodily wants kindly and faithfully?

Have I been prudent and careful in using the provisions and appliances of the hospital?

Have I been obliging, cheerful, patient and watchful?"

Modern training schools for nurses have inherited much from the deaconess organizations and especially from Frau Fliedner's regime. The probationary system, letters from clergyman and doctor, as to character and health, allowance of pocket money, grading of nurses from probationer to head nurse, superintendent at the head, class work and

lectures, the principles of discipline, etiquette and ethics. The deaconess hospitals took the view, at that time rather unusual, that a nurse must follow out the doctor's orders exactly, and that he and not she was responsible for the outcome. They did not admit "lady probationers," as did the English hospitals, but insisted that all nurses be on the same social level. They required that nurses sent out to private duty be treated as members of the family, not as servants; and they saw to it that they were allowed proper time for rest.

*Florence Nightingale and Her Work in the Crimea.*

The general dissatisfaction with the nursing of that day, the abortive attempts of many good people to give training to nurses, and the success of the Deaconess Order all paved the way for the coming of a woman whose ability should be equal to the task before her. Florence Nightingale can hardly be considered a product of her time, since she was far ahead of and beyond it, but she found the time ripe for her genius as the founder of modern trained nursing.

Her parents were well-to-do English people, cultured, remarkable for their sincerity, high ideals, and deep mentality. Florence, the youngest of two daughters, was born in May, 1820, in Florence, Italy, and was named for that city. When she was five her parents returned to England. While she was still a little girl she showed her kindness of heart and her wish to be helpful by nursing sick animals. When she was in her teens she visited among the sick poor of her neighborhood and did what she could for them. Among her relatives she was ready and competent in illness.

Soon after she was twenty she asked her parents to permit her to go into a hospital and learn to be a nurse, so that she might care for the poor people of her own neighborhood. They knew something of the dreadful conditions then existing in hospitals—that the majority of nurses were of a low, rough class—and could not bring their minds to the thought of their daughter doing such a thing. She would not go without their consent, and the situation grieved her greatly. She believed that an earnest life must express itself in work for humanity, and that "the service of man is the service of God." She longed for the chance to be helpful in a large way.

By the time she was twenty-four she had definitely decided that she ought to undertake the work of nursing. Her family still did not sympathize with her thought of service to the world, but tried to make her see that her place was at home in the ordinary routine of woman's life. For years they tried, by travel and social life, to distract her from her purpose. She had long trips on the continent, studied music in Italy, played and sang. She met many prominent persons and many brilliant ones. She was introduced in Paris society by the famous Madam Recamier. For years she tried to interest herself in these things and to bring herself to the viewpoint of her parents; but she never succeeded in getting away from what she felt was a call from Heaven.



She was a student of deep and difficult subjects. It is reported that Sir Henry de la Beche said of her: "A capital young lady that, if she hadn't floored me with her Latin and Greek." While not actually beautiful, she was rather attractive. Julia Ward Howe said of her: "She was elegant rather than beautiful, tall and graceful of figure, her face mobile and expressive." Mr. Osborne described her as follows: "She is just what you would expect from any well-bred woman of her age. Her manner and face are prepossessing. Her face is not easily forgotten, pleasing in its smile, with an eye betokening great self-possession, and giving a quiet look of determination. Her general demeanor is rather reserved; still I think she has a lively sense of humor. She speaks on matters of business with a grave earnestness one would not expect from her appearance. She has a mind disciplined to restrain under action every feeling which would interfere. She has trained herself to command, and learned the value of conciliation and self-restraint. I fancy she is a strict disciplinarian."

In her trips on the continent she had visited and studied hospitals in France, Germany, Belgium and Italy. She had also seen those of Great Britain. She had in mind to establish a sort of Protestant Sisterhood, not unlike the Deaconess Order, in which educated women should devote their lives to the relief of sickness. She had heard of Kaiserswerth and Fliedner's work, and longed to go there for training. While at home she studied medical and sanitary matters and political economy. Her family still tried to divert her from these ideas:

In 1850, when she was thirty years old, she was able to stop at Kaiserswerth for a two weeks' visit. The next year she was allowed to go there for four months' training. She realized then for the first time her wish for practical instruction in nursing, though the training which she got was inferior to that which she later developed in her own training classes. While not satisfied with it, she felt that it was the best to be had and was very happy there. When she left Kaiserswerth she spent some time in the hospitals of Paris, doing actual work with the Sisters of Charity, seeing the work of brilliant French surgeons and learning much of value.

In August, 1853, she took charge of the Establishment for Gentlewomen During Illness, in Cavendish Square, London. She was eminently successful in the position, both doctors and others being impressed with her ability. With great tact she managed a situation at which she was most impatient. Her Board was intolerant and could not see that the comfort and welfare of patients was more important than petty rulings; but her diplomatic methods achieved results without giving offence. (She wrote her family with a keen sense of humor: "My Committee refused to let me take in Catholic patients, whereupon I wished them 'Good morning.' Now it is settled that we are to take all denominations and allow them to be visited by their respective priests, providing that I will meet the obnoxious animal at the door, escort him up-

stairs, and bring him down again. To this I have agreed. Amen. From Committees, Charity and Schism, from the Church of England and all other deadly sins, from philanthropy and all deceits of the devil, good Lord, deliver us. I do all my business by intrigue, which I resolved I never would. I wrote out a series of regulations, and presented them to the Committee, not telling them from whom they came. They passed them. I showed them to the medical men; they had them up in two meetings and approved them, thinking they were their own.") Not long after, King's College Hospital approached her and asked that she become their Superintendent of Nurses. She was preparing to accept this offer and had begun to plan work there when the call to the Crimea came.

Russia was at war with the combined forces of England, France and Turkey. In the fall of 1854 it became apparent that the medical system of the British army was utterly inefficient. Division of responsibility, official red tape, and lack of nurses made the condition of the wounded after a battle a disgrace. The facts became known and public appeals were made for help and supplies. Miss Nightingale read the appeals, and they came to her as a call from God. This was what she had been waiting for so many years, a field worthy of her powers. She wrote to Sir Sidney Herbert, Secretary of War, whom she knew personally, and offered her services. She began at once to arrange a plan for financing the sending of nurses and supplies, using her own money and getting pledges from friends. Meantime the Secretary of War had settled upon Miss Nightingale as the one who should undertake the organization of a band of nurses to go to the Crimea and care for the wounded. He wrote her: "I know of but one person in England capable of carrying out such a thing—yourself. Upon your decision will depend the success or failure of the plan. Your own personal qualities, your knowledge, your power of administration, your rank and position in society, give advantages which no other person possesses." With rare insight he added: "If the work succeeds, an enormous amount of good will be done now; and a prejudice will have been broken through which will multiply the good to all time." His letter passed Miss Nightingale's in the mail, and both had their answer.

Five days later Miss Nightingale had received her official recognition and instructions from the Government. Two days after, on October 21, 1854, she set out for the Dardanelles with thirty-eight nurses. Her nurses were Roman Catholic and Anglican Sisters, lay nurses from St. John's House and others. Some of them were not a success and returned after a brief service. She herself regarded only about half of them as efficient. More nurses went out later, until the whole number was about one hundred and twenty-five.

The nurses arrived in two weeks' time at Scutari, just across the strait from Constantinople. Here, in one of the most beautiful situations in the world, were four large hospitals. The Barrack Hospital was



given to Miss Nightingale and her nurses. It was supposed to accommodate 1700 patients, but at that time there were between 3000 and 4000. There were four miles of beds, set eighteen inches apart. Miss Nightingale was given charge of 1500 patients. The nurses' quarters were very small, dirty and swarming with rats and vermin. Five and six nurses roomed together, using the same room for all their meals.

The wards, badly crowded, had no proper ventilation, and were dirty and unsanitary beyond description. The toilet accommodations and the plumbing were as bad as could be. The beds were mostly of straw, and many of them were laid directly on the floor. The few sheets to be had were of canvas, and so rough that the men begged not to have them used. Practically no laundry was being done; there was no hospital clothing, and the patients were still in their uniforms, stiff with blood and covered with filth. There was no soap, nor towels, nor basins, and very few utensils of any sort. Every place swarmed with vermin. There were no knives nor forks, and the men ate with their fingers. The food was badly or half-cooked, and the very ill patients had practically nothing which they could eat. It took four hours to serve a meal.

There was a great deal of cholera and contagious fever. Fully as many soldiers died of disease as of wounds. The death rate was 42 per cent. of the cases treated. Miss Nightingale had been officially assured that there was plenty of supplies on hand. She found that some of them had been sent to the wrong ports or were buried under munitions and could not be got. There were eight distinct departments concerned with military affairs, little co-operation, and an amount of official red tape that made it nearly impossible to secure supplies which were in store. Only part of the army officers and surgeons were friendly to the idea of introducing women nurses. The nursing had been done by untrained orderlies and soldier servants, whom the doctors considered as good as need be. They felt that the women were interfering and troublesome.

"What was needed was bold initiative. This Miss Nightingale supplied. She boldly assumed responsibility, and did herself the things which she could find no one else to do. She applied an expert's touch and a woman's insight. She is popularly thought of as a gentle nurse. Those who knew all the facts spoke of her as a commanding genius." When she could not get official help quickly, she used her own funds. She fitted up a laundry and employed soldiers' wives to do the washing. She opened five diet kitchens in different parts of the building, so that the sickest patients might have proper nourishment. She reported the condition of the buildings to the authorities at home, and repairs were quickly made. She directed her nurses to work only with doctors who wished their services, and to do nothing for the patients of other surgeons. She knew that they must win their way by patience and good work. She insisted upon strict discipline among her nurses. Her nurses were far from being well trained, and made her realize every day the need of proper instruction for them. She writes of some of them: "They

are excellent gentlewomen, more fit for Heaven than for a hospital. They flit about like angels without hands, and soothe souls while they leave bodies dirty and neglected." She kept the less-efficient nurses under her own eye, putting the better ones in places of responsibility elsewhere. She speaks in keenest appreciation of those whom she regarded capable: "Mrs. Roberts is worth her weight in gold; she is one of the most important persons in our expedition. Mrs. Shaw Stewart, without her our work would have come to grief. Mrs. Drake is a treasure. Rev. Mother Moore, far above me in fitness for the General Superintendency." In two months Miss Nightingale had transformed the hospital. In six months she had reduced the death rate to two per cent. and had won over most of the surgeons. Lord Raglan, the commander-in-chief, gave her his cordial support and spoke of her as an auxiliary general.

With all her fearlessness in the use of authority and all her attacks upon bad administration, she was still the womanly, gentle nurse. Two famous quotations describe this aspect of her work. One of the soldiers wrote home: "What a comfort it was to see her pass. She would speak to one and nod and smile to many more. She could not do it to all, you know, for we lay there by hundreds, but we could kiss her shadow as it fell and lay our heads on the pillow, again content. Before she came there was such cursing and swearing, but after that it was as holy as a church." MacDonald, war correspondent of the London Times, said: "When all the medical officers have retired for the night, and silence and darkness have settled down upon those miles of prostrate sick, she may be observed with a little lamp in her hand making her solitary rounds. As her slender form glides through the corridor, every poor fellow's face softens with gratitude at the sight of her."

Sir Edward Cooke says: "The popular impression of Miss Nightingale is that of a girl of high degree who, moved by a wave of pity, forsook the pleasures of a fashionable life for the horrors of the Crimean War; who retired after it into private life, varying her seclusion only by good deeds to hospitals and by sentimental pieties. This legend is remote from the truth. The real Florence Nightingale was greater. Her earlier years show a girl of high natural ability feeling her way to an ideal. Her life was built on larger lines, her work had more importance. She had already served her apprenticeship when the call to the Crimea came. It was not a call to sacrifice, but to the fulfillment of her dearest wish for a life of active usefulness. A certain man who knew intimately some of the greatest intellects of the time said of Miss Nightingale that hers was the clearest brain he had ever known in man or woman. Her character was stronger, more spacious, and, I feel, more lovable than that of the Lady of the Lamp."

In the summer of 1855 the work was lighter, and she was able to make a tour of inspection of the hospitals of Balaklava. She went over them carefully, planning changes and improvements. One evening she



complained of being tired, and it was found that she had contracted Crimean fever. She was desperately ill, and came very close to death. The soldiers wept when they heard of her illness, and all England waited the outcome in anxious suspense. In a few weeks she was better, and, refusing to take more rest, went back to Scutari.

Early in 1856 peace was concluded and the nurses' work became lighter. The hospitals were closed one by one, and the nurses went back to England. Miss Nightingale left last of all, returning in July, 1856.

*Florence Nightingale's Later Work.*

Despite her retiring disposition and her efforts to escape publicity, Miss Nightingale became a popular heroine. All sorts of honors were done her. While she was still in the East, Queen Victoria had sent her a wonderful brooch set with diamonds. The Sultan of Turkey had presented her with a diamond bracelet and a sum of money for the nurses and hospitals. Before her return to England public meetings were held in her honor, but she would not allow them afterward.

Her work in the East had been far more than the mere setting right of great hospitals and the organizing means to secure comfort for thousands of wounded soldiers; it had broken through the prejudices of ages, and had put all womankind on a higher plane of life and work. She not only opened up a new profession for women, but also gave the world a new conception of woman's place in the world. The effect was both immediate and far-reaching.

While she was still at work in the Crimea a movement sprang up in England to honor her in some permanent manner. Sir Sidney Herbert suggested a fund which should be used to provide training for nurses, and for their living and protection. To him must be given the credit of devising means for founding the training of nurses with proper prestige and efficiency. Many prominent persons contributed largely to the "Nightingale Fund," and it soon amounted to £40,000 (\$200,000), one-tenth of it being given by the British army. Miss Nightingale deeply appreciated what was done and accepted the task of administering the fund.

The long strain of work and responsibility had undermined her health, so that she never again worked with any physical vigor. Upon her return from the East she took no rest, but went at once to work upon what seemed to her the two most vital matters—army reform and the establishment of trained nursing. St. Thomas' Hospital was selected as the place for the experiment of training nurses in a new and systematic way upon a non-religious basis. As was nearly always the case in other pioneer efforts along this line, most of the doctors on the hospital staff opposed it. Of one hundred physicians whose opinion was asked, only four favored it. They felt that the nursing at St. Thomas' was very good as it was and saw no need of change. They themselves had given the nurses what little training they had received, and said: "Nurses are in much the same position as housemaids, and need little teaching beyond

poultices—making and enforcement of cleanliness and attention to patients' wants." One doctor said publicly: "A nurse is a confidential servant; but still only a servant. She should be middle-aged when she begins nursing; and if somewhat tamed by marriage and the troubles of a family, so much the better." Only a few took the opposite view and understood what the movement meant. One physician wrote: "A trained and educated nurse would soon become most popular and trusted. She would co-operate with the physician in a most efficient manner, her presence would inspire the patient with confidence, and she would be the means of restoring peace and order to a distracted household." It had been hoped that Miss Nightingale would take personal charge of the school, but her health would not permit it. She was not even able to go to the opening exercises. Mrs. Wardroper, a woman of strong personality and previous executive experience, was chosen for the position, but for years Miss Nightingale acted as chief adviser on every detail of the work. In June, 1860, fifteen selected probationers were admitted for training at St. Thomas'.

They worked alongside the old-style nurses, whom they only gradually replaced. The course of training was only one year, though nurses were required to remain in the hospital for three years. (For the first year they were called probationers; for the second, "nurse"; for the third and after, Sister (head nurse). It was long before the time of training was increased. The Nightingale nurses were never designed for private duty, but for executive positions in hospitals. They became the pioneer heads of training schools all over the world. Scotland, Canada, United States, Australia, and even Germany, obtained heads for many of their early training schools from among the Nightingale nurses. Up to 1890, during its first thirty years, the school trained 1005 nurses. Miss Nightingale herself selected most of the candidates for training. She was especially keen at character reading, and almost unerring in her judgment of people. Those who saw the early Nightingale nurses were struck with "the bright, kindly and pleasant spirit which seemed to pervade them." She always called the nurses her "daughters." With Miss Nightingale as instigator of all details and methods, the work proved a success. The doctors were one by one convinced of the superiority of the new method and gradually came to voice their approval. They found their own work lighter and their field broadened, because they were able to do things which they had not before attempted on account of incompetent help. The fame of the school spread quickly through all countries.

From about 1860 she rarely went out, and for many years did most of her work from her bed; but she worked with a vigor and efficiency that few well persons do. She lived in London with only her servants and her secretary, who was always a man. She saw many people, but only on business. She is known to have refused to see queens and princesses when they came for social calls, though she always admitted any one who came in the interests of the army or of nursing.



Besides her controlling interest in the Nightingale School, she gradually came to be adviser-in-general to the whole United Kingdom upon everything pertaining to hospitals and nursing. She was called upon to criticize plans for new hospitals, to advise in every detail of construction, equipment, management, and question of policy. She helped in the starting of many schools of nursing, and wrote thousands of letters upon nursing subjects. Every new phase of nursing was brought to her for criticism and approval. Those who organized some of the early training schools in America came to see her before starting them; when the matter of state registration for nurses came up in England, she was the leader of the opposition and the chief cause of its defeat. In short, throughout her whole long life, there was hardly a move made of any importance to the nursing world in which she did not have a part.

Her "Notes on Hospitals," published in 1858, is considered the most valuable work of the kind that has ever been produced, and it revolutionized hospital construction. Before her time hospitals had beautiful and imposing buildings, but they were sadly lacking in all things pertaining to the intimate care of patients. Her practical mind and deep sympathy made her hammer away at details, necessary if uninteresting, until she convinced at least a part of her generation that the comfort and welfare of the patient is really the chief consideration, and that sanitation is more important to a hospital than architecture. Her "Notes on Nursing," published in 1859, always has had an enormous sale, and is still, after fifty years, a standard work. It was one of the first textbooks on nursing, and is one of the best books ever written on domestic sanitation.

Sir Edward Cook, who had access to intimate family records which no one else had, says of the latter part of her life: "For a few years after she was seventy-five she was able to enjoy life; then her powers gradually failed. She had outgrown the weakness of heart and nerves of her middle life, and though she still kept her room, she now (1900) made an impression of vigorous and robust old age. She had worked actively up to this time. For the last fifteen years of her life she seldom left her room. Her eyesight failed, her power of writing went. In 1902 she was persuaded to have a companion, who was really her private secretary. Two Royal decorations for her services in the army and elsewhere were bestowed upon her in 1883. The crowning honors of her life, when in 1907 King Edward conferred upon her the Order of Merit, and in 1908 granted her the Freedom of the City of London, came to her when memory and apprehension were failing."

She died in August, 1910, aged ninety years and three months. Her family was asked to allow her to be buried in Westminster Abbey, but they knew her wishes and refused. She was laid in the family plot in Hampshire, and the only mark upon the grave is a small cross with her name and the dates. Public monuments to her have been set up in

Florence, Italy; in Derby and Milbank. In 1915 there was one unveiled in London.

### *Early Canadian Hospitals.*

The first hospitals in America (excluding those in Mexico) were in Canada. Their work was distinctly religious, and was begun and continued with a missionary zeal which gave it a superior quality.

*Quebec.*—About 1625-30 a group of Jesuit priests who went to Quebec found more or less illness among the Indians whom they were trying to evangelize, and made appeals to France for help. A band of Ursuline Sisters went out in 1639 with the idea of teaching the Indians, but as soon as they landed so many sick people were brought to them, some stricken with smallpox, that they were presently engrossed in nursing. They built a hospital, the ruins of which may still be seen at Sillery. They also cared for the sick in their homes, and taught the savage women to nurse, finding them good pupils. The Indians grew to love these devoted women, and their hospital was always crowded with the poor and helpless. In 1658 they built in Quebec itself a larger hospital and called it the Hotel Dieu. It stood on the spot where the present building of that name is, and has always been a part of the life of the community.

*Montreal.*—The first hospital at Montreal, also named the Hotel Dieu, was built in 1644. It was founded by Mlle. Jeanne Mance, a woman of beauty, culture and ability, who had come with a group of colonists in 1642. She was the only woman in the colony with the exception of the wife of one of the men, and had been sent on her mission by Madam de Buillion, who furnished the funds. Though Mlle. Mance was not a nurse, and there was but one physician in the country (Dr. Etienne Bouchard), she opened a hospital in her own house and for sixteen years cared for the sick of Montreal. She had, in time, as assistants a few women who came from France with additional colonists, but she herself was the one competent nurse. In 1659 she went to France and brought back with her three Sisters of the Hospitalleres of St. Joseph—Judith de Bresoles, Catherine Mace and Marie Maillet. She herself did not regard the hospital as truly founded until the arrival of these women. The Government gave land for hospital purposes and a building was erected. This hospital has given continuous service ever since, under the same Sisterhood. Mlle. Mance's portrait hangs in the hall of the present building. Parkman, the historian, pays high tribute to the work of these women: "It is difficult to conceive a self-abnegation more complete than that of the hospital nuns of Montreal and Quebec. In the almost total absence of physicians, the burden of the care of the sick and wounded fell upon them. Nearly every ship from France brought some infection. The nuns died, but never complained. Removed from the arena of political strife, too busy with practical benevolence to become a prey to illusions, they were models of that



benign and tender charity in which the Roman Church is so rich." Some time later the Sisters of Charity came to Canada and began an extensive nursing and hospital work.

References from Nutting & Dock's and Goodnow's History of Nursing.

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## Editorial



With this issue ends the first year of the Canadian Nurse as the official organ of the Canadian National Association of Trained Nurses. As can be seen by the report in this number, the difficulties and worries have been many, but, after the general discussion and warm interest shown at the Montreal meeting, we feel secure in the thought that every Canadian nurse will realize her own individual responsibility and help the Association by every effort in her power. It is earnestly hoped that the increased price of \$2.00 a year, which is to start the new year, in September, will be generously responded to. The increased price of production and general expenses have made one of two things inevitable—more money must be forthcoming or the magazine must go out of existence. The subscription price was felt to be too small, and the sense of the meeting was that Canadian nurses will loyally support their own professional journal and willingly pay \$2.00 a year—hardly the price of attending the “movies” twice a month.



The good wishes of Canadian nurses will go to the new President, Miss Gunn, in her arduous work in the C. N. A. To Mrs. Brown, who, through the three trying years of her presidency, did so much to make the Association truly national, the Association owes much. It is not easy to lead any organization through hard times and to work as she did on the finances of the Canadian Nurse, which began with no funds and every nurse feeling that money was needed everywhere for patriotic purposes, and bring it through, shows the labor and time spent.



Let us all work hard in Association work and with the broadest outlook the coming year.



### NOTICE.

With the September issue the price of the Canadian Nurse will be raised to \$2.00 a year, or 20 cents the single copy. Club rates of \$1.50 for ten subscribers.



## Chief Superintendent's Annual Report, 1916

(Continued from last month)

Miss Elizabeth Hall, our former efficient Assistant Inspector, has been in charge since October. Notwithstanding these changes, and a great shortage of nurses, we find the following: 5,039 patients have been cared for, an increase of 2,331; 35,761 visits have been made, an increase of 15,047.

Besides the nursing work, the post-graduate course in district nursing and Social Service Work is being given in Toronto, including attendance of the students at lectures in connection with the Social Service Course in Toronto University, and a reference library for the nurses has been installed in the home. This branch has now a Central Home at 281 Sherbourne Street, and a very attractive branch home in Parkdale, accommodating five nurses. Efforts are now being made to secure more accommodation and, as soon as one can be secured, a second assistant is to be appointed, whose duties will be supervising alone. This branch has been giving nursing care to the industrial policy holders of the Metropolitan Life Insurance Company during the year. The arrangement has proved mutually satisfactory.

The Hamilton branch had a very good year. They report an increase of 601 visits. A fourth nurse has been added to the staff. Dundas reports a very satisfactory year; they have done excellent work in general nursing care as well as in Child Welfare and School Nursing, and are planning to improve their School Nursing still further. This will necessitate the employing of a second nurse. Preston, Kitchener, Galt and Hespeler all report a good year. The reports from Brantford, London, Stratford and Woodstock are very gratifying. Brantford reports an increase of 1506 visits. Splendid work is being done in Child Welfare, as one nurse is employed especially for that branch of the service. Six thousand three hundred and fifty-six visits were made in London in



1916, an increase of 716 visits. An extra nurse was added to the staff, so that more time might be given Child Welfare and pre-natal work. The Stratford district is in very good condition and is growing in favor steadily. Woodstock has kept up its good record, and reports increases.

The Gravenhurst and Bobcaygeon districts are doing well. School Nursing is being done in both very acceptably. In Bobcaygeon, successful efforts have been made during the year to extend the nursing service into the country parts.

The hospitals at Copper Cliff, North Bay, New Liskeard, Cochrane and Chapleau have had a busy year. The Lady Minto Hospital at Cochrane, Ontario, was opened last May and has given excellent service from the very beginning. It is an attractive little building, accommodating twenty patients; is one of the few buildings that escaped the disastrous Porcupine fire of July 29th, and that escape was almost by a miracle. During the seven months the hospital has been opened 136 patients were cared for and 2674 hospital days reported.

The districts at North Bay and Cobalt are very satisfactory. North Bay is considering the important question of School Nursing and it is hoped that by next year the School Nursing will be well established.

In Manitoba we have five branches: Districts at Winnipeg and Roblin and hospitals at Shoal Lake, Swan River and Minnedosa. The work in Winnipeg is very satisfactory. They have now eight nurses there; an extra one was added the past year; 9429 visits were paid, an increase of 1324 during the year. The Child Welfare and pre-natal work are receiving attention, but another nurse is needed so that still more of that preventive work may be done. In Winnipeg, as in Montreal and Toronto, the order has quite outgrown its living quarters. Very good work was done in the country district at Roblin. At present the district is waiting for a nurse.

In Saskatchewan there are eleven branches: A district at Saskatoon, hospitals at Yorkton and Edam, and country districts at Hyde Park, Fairlight, Cut Knife, Central Butte, Paynton, Jedburgh and Meota. The Saskatoon district is very satisfactory; 1776 visits were paid, an increase of 364, and the Treasurer reports the finances in good condition.

(Continued in next month's issue)

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.



### The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.

Second Vice-President—Miss Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Club Room, 638a Dorchester Street West.

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The Edith Cavell Chapter is helping at the Red Cross rooms on Thursday afternoons during the hot weather.

Nursing Sister Sare has been home on furlough, but has returned to duty.

Miss Baikie is at the General Hospital, Sarnac.

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### THE DAY—THE WAY

“Not for one single day  
Can I discern my way;  
But this I surely know:  
Who gives the day  
Will show the way,  
So I serenely go.”

—HELEN DESBRISAY,  
Secretary-Treasurer.

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### SOME—AND SOME

Some have much and some have more,  
Some are rich, and some are poor;  
Some have little, some have less,  
Some have not a cent to bless  
Their empty pockets, yet possess  
True riches in true happiness.  
To some—unclouded skies and sunny days,  
To some—gray weather and laborious ways;  
To all—Thy Grace;  
To those who fall—Thy tenderness.

—J. OXENHAM.



## Hospitals and Nurses



### NOVA SCOTIA

An informal dance was given at the home of the V. G. H., Halifax, by the Superintendent, Miss Pickels, in honor of the three graduates, Misses M. Buchanan, Rita McDonald and Colley.

Mrs. Bligh, Secretary of the N. S. G. N. A., returned recently from Montreal, where she had been attending the conventions. She also visited Toronto and Ottawa.

Nursing Sister Doyle, Acting Matron of the Military Hospital, and Sister McCartney left Halifax on the last hospital train going direct to Vancouver.

Mrs. McLarren has returned to the city after a rest in the country.

Miss Bamford, Superintendent of the Children's Hospital, is away on a short holiday.

Miss Woods, Assistant Superintendent of the Children's Hospital, has accepted a position in France to look after sick children. The unit is being sent over by the American Red Cross.

Miss McInnis is in Halifax after a year's nursing in France.

Miss Dorey, late of New York, is on the staff of the Children's Hospital.

The last meeting of the N. S. G. N. A. for the season was held at the Infants' Home. After the business meeting the nurses were shown through the home by the Superintendent, Miss Fraser, and several ladies interested in the home.

Mrs. Morkill of Sherbrooke, Quebec, has been visiting Halifax for the last two months.

The V. A. D.'s from the Halifax branch of the St. John Ambulance Brigade are doing good work. Three are at the Pine Hill Convalescent Home, others at the Kentville Sanatorium and at the Receiving Hospital at the pier to assist the Sisters on the arrival of ships with wounded soldiers to be trans-shipped.

Mrs. Corston is spending a month at Hubbards.



### QUEBEC

MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION.

Mrs. N. Clayton is spending her holidays at Westport, N. Y.

Nursing Sister Violet Samson, after holidays in England, has been transferred from No. 3 General (McGill) in France to No. 3 Casualty Clearing Station.

We are pleased to see that Nursing Sister Margaret Christie, who lately went to the front, has been mentioned in despatches.

Nursing Sisters Lillian Carter, of Quebec, and Gladys Sare, of Montreal, came over to Canada on transport duty and returned a few days ago, after their two weeks' leave in this country.

Born, at the Montreal Maternity, July 11th, a daughter to Mr. and Mrs. Creighton (nee Alice Batchelor). Mrs. Creighton is a graduate of Montreal General Hospital, class of 1912.

Miss Briggs, a recent graduate, has taken charge of the diet kitchen in Montreal General Hospital for the summer.

We learn that two of our overseas nurses have joined the matrimonial ranks lately, in the persons of Mrs. Orr and Miss Hobkirk. We have not yet been informed of the names of the lucky husbands.

Nursing Sisters Moores, Erquhart and Knight are at present on leave in Scotland from Laval Unit in France.

Miss Graves has just returned from a two weeks' visit to Mrs. (Dr.) Sproule (nee Miss France, class '17) of Applehill, Ont.

Miss J. Webster, Night Superintendent of Montreal General Hospital, has gone to her home in Coburg, Ont., on a month's holiday. Miss Sowles has been taken on the night staff in the meantime.

Miss Holland, of the M. G. H. staff, who was ill in hospital, has been recuperating at her home in Kingston, Ont.

Misses Bullock and MacDougall, who were nurses for three years to the late Sir William MacDonald, were left annuities to provide a very comfortable living. The Alumni join in congratulations.

Born, at the Montreal Maternity on June 26th, to Mr. and Mrs. A. Findlay, twins (daughter and son). Mrs. Findlay was Miss French, class '10, of Montreal General Hospital.

Miss F. Strumm, Assistant Lady Superintendent, is spending a month at her home in Lunenburg, N. S.

Miss Ketchen, class instructor at M. G. H., has recently returned from her summer holidays, spent at Knowlton's Landing, P. Q.

Married—On June 30th, at West Shefford, Que., by Rural Dean Howard, Miss Edith Tait (class '16, M. G. H.) to Dr. McColl Metcafe. Dr. and Mrs. Metcafe are spending the summer at Tadousac, Que.

Married.—Nursing Sister Isabell Strathy (class '14, M. G. H.) to Capt. Alexander McMurtrie, both of Montreal, but married in England in the month of July.

Miss Tedford, who is in charge of the Surgical Operations rooms of M. G. H., is spending a month at the Banner House, Chateauquay Lakes, N. Y.

Miss Given Nichol spent the month of July with her brother, Dr. Nichol, at Metis Beach, P. Q.



Miss Elsie Gruer spent three weeks at her home in Howick, Que., recently.

Miss A. Jamieson has lately returned, after a month's visit to Western Ontario and Detroit, Mich.

Miss K. N. Brock is spending the month of August with her sister at St. Anne de Bellevue.

Miss Lang, who is on the staff of the Delaware Hospital, Wilmington, Del., has been spending a month at her home in Chateauquay, P. Q.

Miss Ethel MacNutt, Superintendent of Dr. Lockhart's Hospital on Bishop Street, and Miss Grace Vipond are at Kennebunk Beach for a month.

Nursing Sisters Mildred Forbes and Laura Holland were offered the positions of Matron and assistant, respectively, in a hospital in England recently, but preferred going to France, where they are on duty at present. The former was assistant to the Matron-in-Chief for some time after returning from Salonica.

Miss M. Hogan has gone to her home in Moncton, N. B., for several weeks' holiday.

At Trinity Church, Ramsgate, England, on May 15th, the marriage took place of Capt. Arthur Brittain Walter, C. A. M. C., late of the Sixth Canadian Field Ambulance, at present of No. 1 Canadian General Hospital, son of Mr. and Mrs. A. Walter, Salt Spring Island, B. C., to Miss Ella Pearl Babbitt, late Nursing Sister C. A. M. C., of No. 3 Canadian General Hospital (McGill), daughter of Mrs. R. T. Babbitt, Gagetown, N.B. The Rev. E. Langly, M.A., officiated at the ceremony. The bride was given away by Major Robson, C. A. M. C., and Capt. H. P. Wright, also of C. A. M. C., acted as best man.

Nursing Sister N. Hancock, who was with No. 1 Casualty Clearing Hospital in France, has lately been to England on two weeks' leave, and, on going back to the same hospital found it had followed the advance of the army up into Belgium. They were visited there by the King and Prince of Wales, and Miss Hancock expresses her opinion of the Royal visitors as charming men.

Misses Mary McLeod, Paget, Sharp and Moss, who lately went to the front in company with several other nurses, had some very exciting experiences. Their voyage, taken on the whole, was a very pleasant one—a very calm sea and delightful weather, except for a day and a half spent in quite a fog. But, within one day of port, "Fritz" torpedoed them. They left the ship in lifeboats, in which they only remained about ten minutes, when they were picked up by the mine sweeper, which they were aboard until tugs came out and took charge of their good old ship; after that they were taken by the patrol to the destroyer and taken to port at a good rate of speed, and, as they say, "were mighty glad to get their feet on ground again." Good old Irish ground at that. The steamer was brought in next day, so, after getting all their belongings,

they went on their way rejoicing—a delightful trip through Ireland and across the Irish Sea to England, spending a week in London before going on duty. Misses McLeod and Paget are on duty in a Canadian Officers' Hospital at Broadstairs, Kent. In peace times it was the Grand Hotel, situated on the cliff overlooking the sea, with a delightful beach. It has accommodations for two hundred and fifty patients.

The question of an alumnae bed and sick benefit for graduate nurses of Montreal General Hospital, brought up at the annual meeting of M. G. H. A. A., has been settled by hospital and medical boards, as far as the hospital and treatment there is concerned.

All nurses who have paid up alumnae and sick benefit fees are entitled to a room in the private wards, free of charge, including all treatment in the way of X-rays, anaesthetics, operating room fees, etc., etc. The first room is allowed free by the hospital, but, when more than one room is occupied, the Sick Nurses' Benefit Fund pays \$1.50 a day each for extra rooms.

It will be decided at our next Alumnae meeting in September what allowance will be given by the Sick Nurses' Benefit Fund to all members not treated at M. G. H., but taken care of in other hospitals or homes outside of the city, or recuperating in mountains after severe illness, etc., etc.

To be a member of this Benefit Fund is to have all Alumnae fees paid up in full, with \$5.00 initiation fee, and then \$1.00 yearly to keep up membership, making an annual fee of \$2.00.

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#### ONTARIO

At the twelfth annual meeting of the Central Registry of Graduate Nurses, Toronto, held on June 6, 1917, at the Clubhouse, 295 Sherbourne Street, the report of the Registrar showed a most successful year's work. The calls for the year totalled 5565, 3035 being hospital calls. There was an increase over 1916 of 870 calls.

The number of new members enrolled was 159, and 20 rejoined.

The Central Registry has given 204 nurses to engage in military work.

During the year the demand for nurses, at times, was greater than the supply.

After the business meeting a social hour was spent, a good orchestra adding much to the pleasure of the evening.

The tea table was bright with pink carnations and roses, and the birthday cake, glistening with its twelve candles, was much admired.

At the July meeting of the Central Registry Committee of Graduate Nurses, Toronto, applications were received for the position of Assistant Registrar, made vacant by the resignation of Miss Connor to take up Public Health Nursing. After due consideration, the application of Miss



Jean C. Wardell, R.N., was accepted. Miss Wardell is a graduate of the Presbyterian Hospital, Philadelphia. She has done private nursing in Toronto for a number of years, and for the past two summers has acted as Assistant Registrar during the holiday season. Since the resignation of Miss Connor in April last, Miss Wardell has filled her position most satisfactorily, and the Central Registry Committee feel that in appointing Miss Wardell permanently as Assistant Registrar they have secured the services of one who is in every respect capable of filling that office.

*"The efficiency of the Canadian Nursing service is not surpassed anywhere,"* declared Surgeon-General Carleton Jones in his address before a large assemblage at the nurses' graduation exercises at St. Luke's Hospital, Ottawa, recently, when nine young ladies, who have completed their three years' training, were presented with their diplomas and medals by Her Excellency the Duchess of Devonshire. Miss Evelyn A. Smith, of Glasgow, Scotland, who led her class with 91 per cent. in all subjects, was given a special prize of a volume, "History of Nursing," by Miss A. Nutting, donated by the lecturing staff. The other young ladies who have completed the course and entered on their profession are Miss Isabelle Louise McNaughton, of Lancaster, Ont.; Miss Augusta Piet, Ottawa; Miss Mina R. Marcellus, of Dunbar, Ont.; Miss Ruby Alice Murphy, of Ottawa; Miss Ethel Dorothy Sheridan, of Brockville, Ont.; Miss Sarah Gladys Spratt, of Ridgmont, Ont.; Miss Laura Pearl Spratt, of Gloucester, Ont., and Miss Annie Beatrice Wiseman, of Montreal.

Solemnly, this class took the Florence Nightingale pledge, in which they were led by Dr. H. B. Small.

Included in the vice-regal party were the Governor-General, who delivered a congratulatory address to the graduating class; the Duchess of Devonshire, Lady Maud Cavendish, and Captain Bulkeley-Johnson.

#### *Praises Overseas Nurses.*

Surgeon-General Jones was enthusiastic in his praise of the *work of the Canadian nurses overseas*, of whom there are nearly two thousand. "Out of that large number," he said, "there have only been three deaths, which proves what a careful selection was made." This small percentage of deaths is not because the nurses have not faced danger. There are nurses right on the firing line in the sound of guns and in sight of shells.

"As far as the Canadian medical service is concerned, the battlefield extends from Vancouver to Vimy Ridge," said the General. With the progress of the war, the natural swing of the pendulum will bring the wounded and convalescent men back to Canada for treatment, and it is hoped that the nurses in Canada, as always, will offer their services as willingly here as abroad. General Jones also referred to the last time that he met the Duke and Duchess in hospital quarters was at Buxton, where Their Excellencies had given their residence for a Canadian hos-

pital, and which was formally opened by the Duchess shortly after she knew of her husband's Canadian appointment.

#### *Need More Money.*

Sir Louis Davies, who presided, stated that one of the chief objects of St. Luke's Hospital was to have an equipment equal to any similar institution in Canada, and he expressed the hope that with the new wing this might be attained in the near future. With 2265 patients during the past year, there was a remarkably small death rate of 2.75 per cent., and this average had been maintained for several years now. Nine members of St. Luke's medical staff and seventeen graduate nurses have been on active service.

"Consequent on war conditions, this institution has suffered financially," said Sir Louis, who made a strong appeal for funds.

Dr. R. W. Powell also gave a brief address, and at the conclusion of the programme little Miss Betty Henderson presented the Duchess with a bouquet of rosebuds.

The nursing staff were later entertained at tea.

#### ALUMNAE ASSOCIATION OF GUELPH GENERAL HOSPITAL.

The regular monthly meeting of the Alumnae Association of the Guelph General Hospital was held on Tuesday evening, July 10th. The following officers were elected: Honorary President, Miss Forgie; President, Miss Frew; Vice-President, Miss Ferguson; Secretary, Miss E. Richardson; Treasurer, Miss Watrous; "Canadian Nurse" Correspondent, Miss E. Ziegler; Sick Visiting Committee, Miss Millar, Miss Gordon and Miss Strong.

Two new members were added, Miss Simpson and Miss Tolton. This brings our membership list up to forty-four.

Miss M. Denman, of Palmerston, a graduate of the year 1915, was quietly married to Mr. A. Gallaher on Wednesday, June 13th, 1917. The happy couple left by motor for points south, and on their return will reside near Palmerston.

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#### BRITISH COLUMBIA

Very many expressions of sympathy have been given to Miss Jessie Hart on the death of her mother recently. Miss Hart is a charter member of the G. N. A. of B. C.

Mrs. R. Bryce Brown, President of the New Westminster G. N. A. and First Vice-President of the G. N. A. of B. C., has left British Columbia to take the position of Matron of Military Convalescent Home, Edmonton, Albert. Mrs. Brown was President of the G. N. A. of B. C. for four years, and her loss will be very much felt in Association work in the Province.

Miss McCue, operating room supervisor of the Royal Columbian Hospital, New Westminster, has returned from her holidays.



Miss Ruth Judge has returned from her holidays in Sechelt.

Miss Wardell, Miss Hines and Miss Walmsley, all recent graduates of the Royal Columbian Hospital, New Westminster, are doing private nursing.

The Victoria Graduate Nurses' Association held its annual garden party on June 16th at Cloverdale. It was a most successful affair. A concert in the evening added much to the pleasure of the guests. Half the proceeds, which amounted to \$182.61, were given to the Canadian Red Cross society through the Cloverdale branch.

A most interesting function took place lately at the Provincial Royal Jubilee Hospital, Victoria, when the new building for tubercular patients was formally opened. This, a ward planned by Miss Mackenzie, is of most convenient design, labor being minimized by the arrangements of wards and service rooms. There are two main wards, each containing fourteen beds, one of ten, and two with two beds each. The McBride ward has been all done over, and in it is treated the soldiers. The Daughters of Pity have newly furnished the Children's ward, which has been completely done over. The following nurses recently graduated from the Jubilee Hospital, Victoria: Misses Beatrice Bradshaw, Kathleen Cockrell, Edith Dowsett, Ellen Holdcroft, Eleanor Dale, Edna Graves, Ruth Clinton, Edith Hall, and Muriel Anderson.

At the graduation ceremonies, Lieutenant-Governor Barnard spoke a few words to the class. He wished them every success in their profession. He paid a tribute to the Hospital Board, the Superintendent of the Training School, and to the nursing staff generally, as to the excellent work they did in the hospital.

Miss Cockrell obtained the prize for the highest marks in her examinations, presented by Mr. Duncan Campbell.

Miss Boyce, of the Junior Class, obtained the prize of \$25.00 given by the Victoria Graduate Nurses' Association to the most proficient junior nurse in the schools for nursing at the Royal Jubilee and St. Joseph's Hospitals.

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Laundry soap that applies bluing while it is being used to lather clothes, has been invented by an Englishman.

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"Time is  
Too slow for those who wait,  
Too swift for those who fear,  
Too long for those who grieve,  
Too short for those who rejoice;  
But for those who Love,  
Time is Eternity."

—H. VAN DYKE.

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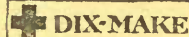
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## Nurse's Street Accident and Compensation

An interesting case affecting a nurse recently arose under the Workmen's Compensation Act. There have been conflicting decisions on the question whether those meeting with street accidents are entitled to the benefits of the statute. Such a risk is, of course, one to which any pedestrian is liable, and cannot be said to specially "arise out" of any employment so as to entitle the employee to compensation. There have been cases, however, in which the workman was found entitled to compensation in respect of street accidents on the theory that by his employment he was more especially exposed to these dangers than other people were. Thus a commercial traveller going about a town soliciting orders and run over by a vehicle in the course of his rounds has been held entitled to an award. On the other hand, a solicitor's clerk cycling, as he was accustomed to do, from his employer's office to attend Quarter Sessions, and sustaining injury through collision with a motor-car, was found not entitled to compensation; and similarly a ship's captain who had been ashore seeing his owners, and in the course of returning to his ship slipped on a piece of banana skin and was badly injured in consequence, was also held to have no claim under the Act, the reason being that in both these cases the resulting injuries were not attributable to the employment at all.

But now the case of *Ince v. Reigate Education Committee*, 141 L.T.J. 251, has brought things to a very fine point indeed. The applicant was a

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professional nurse engaged by the Education Committee as visiting nurse for their district, which was a residential rural locality. Her duties were to visit children as directed by the doctor, and to inspect schools. She was told to ride a bicycle, and the respondents hired one for her. She had to travel six to ten miles every day, and the number of cases that she visited averaged 120 per month. On the occasion in question this nurse left a house where she had been visiting a child, and was bicycling along the road when, owing to her cycle skidding when she was passing a cart, she was knocked against the vehicle and sustained serious injuries. Did this accident arise out of the applicant's employment? The County Court Judge decided that the accident did so arise, and that on two grounds—first, that the employment compelled the applicant to do her work on a bicycle; and, secondly, that the risk in her case was greater owing to the nature of her employment than in the case of an ordinary cyclist. This decision, however, has been reversed by the Court of Appeal on the grounds that a person cycling on an ordinary road was doing what was safe, that the risk of the road or street did not entitle the pedestrian to compensation, and a bicyclist could not be in a better position; also that riding a bicycle as the applicant had to do did not expose her to any greater risk than ordinary cyclists ran, and that therefore she was not entitled to any statutory payment.—*The Hospital*.

---

"Doctor," said an out-patient, "I shall have to give up taking the medicine, though it has done me a power of good."

"Why?"

"Well, you see, the folk who live in the room under mine say they won't stand it any longer."

"But it has nothing to do with them."

"You forget, Doctor, I think. Don't you remember you told me to take it two nights running and skip the third? And I've followed your instructions exactly. The folks underneath grumbled a bit about the running, but it was the skipping that got their dander up."—*Strand*.

---

It is easy in the world to live after the world's opinion. It is easy in solitude to live after our own; but the great man is he who in the midst of the crowd keeps with perfect sweetness the independence of solitude.—*Emerson*.

---

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## The Dressing of Burns with Paraffin Wax

Sir Arthur May's prompt application of the remedy of paraffin wax to the requirements of the Navy, says *The Lancet*, has drawn fresh attention to the treatment of burns by a proprietary preparation called ambrine by its inventor, Dr. Barthe de Sandfort. As, however, the preparation is a secret one controlled by a company in Paris, the treatment is not as readily accessible as some of our correspondents desire. We can refer these to the experience of Lieutenant-Colonel A. J. Hull, R.A.M.C., who stated in the *British Medical Journal* of January 13th that the results obtained by a mixture of home manufacture in a military hospital have surpassed those obtained by the use of ambrine or any other preparation. He gives the following formula for its preparation:—

Resorcin .....	1 per cent.
Eucalyptus oil .....	2 "
Olive oil .....	5 "
Soft paraffin .....	25 "
Hard paraffin .....	67 "

The hard paraffin is first melted and the soft paraffin and olive oil then stirred in. The resorcin is next added dissolved in half its weight of absolute alcohol, and finally the eucalyptus oil when the wax has cooled to about 55° C. If necessary, the resorcin may be replaced by a quarter of its weight of *b*-naphthol. Colonel Hull adds that the application of this No. 7 paraffin, as it is called, to ulceration following frost-bite has been as successful as in the case of burns. Other uses will doubtless suggest themselves for a soft impervious casing to wounds which can yet be readily peeled off without pain or disturbance to the delicate processes of repair.—*British Journal of Nursing*.

---

### SHE KNEW BETTER

Mickey Flanigan came home one day sniffing.

"Ye got licked!" cried his mother with conviction.

"Naw, I didn't neither, maw," Micky retorted. "But the doctor was at our school to-day, tryin' to find out if there was anything the matter with any of us, an' he says I got ad'noids."

"Ad'noids? What's them?" Mrs. Flanigan demanded.

"They're things in your head, what has to be took out," said Micky in a doleful tone.

"He's a liar!" Mrs. Flanigan cried, hotly, "an' it's me that isn't afraid to tell 'im so. I fine-comb your head iv'ry Sattady' night, an' it's niver a ad'noid kin I find!"

---

Politeness appears to have been invented to enable people who would naturally fall out, to live together in peace.

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# THE CANADIAN NURSE

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## How are Schools of Nursing Obligated to Prepare Students for Public Health Nursing?

(By Ella Phillips Crandall, R. N.)

Fellow-nurses, Members of the Canadian Society of Superintendents of Training Schools for Nurses and the Canadian National Association of Trained Nurses: Permit me to express my deep appreciation of your invitation to speak to you on this occasion, and of the subject which you have asked me to discuss.

The whole question of schools of nursing giving preparation for public health nursing is in the making. There is, even yet, honest doubt in the minds of some of our able women as to the justifiability of making the undergraduate school responsible for anything more than a technical foundation, leaving all training for specialized service to postgraduate schools.

However, I believe this latter judgment is bound to give place eventually to present demands for a more liberal curriculum and a quicker preparation for public health and for other fields of nursing. Otherwise, we cannot hope to attract college graduates and other women of superior education in sufficient numbers to fill the teaching and administrative posts or other positions of equally important and highly specialized character.

Nevertheless, it cannot be too strongly emphasized that *no school* is obligated to undertake such an extension of its established course of training until it can show that it is equipped to do so. In fact, it ought not, because the dangers of so doing are just as real and just as imminent as those old familiar ones of sending students into private homes, although somewhat less serious in character.

Unless formal contracts can be established between the school and some local public health nursing agency which secure to the student a distinctive student service under adequate supervision, supported by appropriate class and lecture work and grading; and also assurance of attendance upon all regular classes at the hospital, the pretense of instruction in this attractive field becomes only a new form of exploitation.



Both the hospital and the association must recognize that they are assuming new obligations. The hospital agrees to surrender a given amount of free labor, represented in the work of the students, and must arrange in advance to augment this loss by a proportionate increase of students. Otherwise it automatically lowers the standard of care given to patients by reducing the usual quota of students available for ward duty or it inflicts the alternative of over-work upon its students.

The association must recognize that it is contracting to perform two functions instead of one. It consents to become a teaching as well as an administrative body and must equip itself for additional supervisory work of a high order, worthy to be called teaching. While it will have some small return in actual service of the least valuable kind, it will have expended much more in the addition of the most expensive worker, i.e., supervisors.

But it is not the dangers that should be emphasized so much as the very encouraging evidence of progress in nursing education indicated by the fact that everybody concerned is thinking seriously and inquiring earnestly about the matter.

At the 1917 convention of the three national nursing organizations in the United States, the programme gave marked attention to various aspects of the subject. The following are the titles of some of the papers:

Sara E. Parsons, President, National League of Nursing Education, Massachusetts General Hospital, Boston.

Some Modern Demands on the Graduate Nurse:

- (a) Mental Hygiene;
- (b) Communicable Diseases, including Venereal and Diseases of Special Senses;
- (c) The Prevention of Diseases of Infants and Children.

How can these demands be met?

- (a) Educational Obligations;
- (b) Problems of Administration and Legislation.

Should pupils in small schools be prepared for public health work?

Medical Service:

As it relates to Training Schools in behalf of Student Nurses;

As it relates to the Economical Administration of Hospitals.

The training and status of attendants.

Plans for a Central School on an independent endowment.

Social Hygiene.

The relation of Clinical Records to Vital and Morbidity Statistics:

- (a) Teaching the Meaning and Value of Morbidity Studies to Students;
- (b) Relation of Clinical to Social Histories; Obligation of Hospitals; Dispensaries and Public Health Nursing Agencies.

Problems of Teaching:

Teaching Problems of the Instructor in Public Health Nursing.

If, or let it be said, when central schools and endowments for schools shall have been established as suggested by these last two papers, the way will be wide open for liberalization of the curricula. This will provide for elective courses in the senior year; and, *possibly*, (as some already believe and hope should come about), more than one diploma or degree in nursing.

Some experiments in this direction, even now, give promise of the feasibility of such a plan. Through such affiliation as has been described, several schools in Boston, Providence, New York, Philadelphia, Cleveland and various other cities offer to their seniors short courses in visiting nursing. In Boston and New York, two diplomas or certificates are granted at the end of the third year to students who have taken both courses. The one in Bellevue, New York, is particularly significant because it represents an affiliation with the School of Philanthropy, whereby specially qualified students are permitted to take up two years of nursing and one year of social training and receive the diplomas of both schools, whose regular courses combined represent five years of study.

Affiliation with a school of philanthropy is obviously less desirable than with a school or college which offers special courses in public health and social service nursing such as Teachers' College, Simmons' College, and others, but it certainly points the way to similar connections with the latter.

Further developments in advanced postgraduate study are foreshadowed by the School of Public Health which has recently been provided for at Baltimore by the \$5,000,000 endowment of the Rockefeller Foundation, and which will afford opportunities for higher education of public health nurses as well as other public health workers.

To return to the undergraduate aspects of the subject, the National Organization for Public Health Nursing adopted a year ago a modest introductory course in public health nursing for use in schools of nursing. It provides:

- (1) That each probationer shall have about one week of observation (in half-day periods) in the homes of district patients under the direction of a local visiting nurse association or hospital social service department. This will give every student a sense of the social as well as the physical aspects of her patients' lives and serve to broaden and deepen her sympathies and protect her against the danger of becoming mechanical or callous.

- (2) A consecutive series of lectures for all students has been arranged, requiring five hours in the first year, ten in the second, and ten in the third. These aim to give the students a general idea of public health and social problems in urban and rural life; the official machinery and private agencies established to meet them; and the relation of the nurses' work to them.

- (3) A special course of thirty hours' class and lecture work, and two months' field work for third-year students who elect it. This does



not qualify any student for a position in public health nursing, but will be credited on a post-graduate course.

But by far the most significant development in nursing education which the United States has produced is the "standard curriculum" which the National League of Nursing Education has recently adopted. In addition to fine co-relation of all subjects, this provides for the public health and social aspects of disease. It greatly increases the time devoted to diseases of children, to communicable diseases, and those of the eye and skin. It lays new emphasis on mental and nervous diseases. It also relates normal to pathological conditions, which are indispensable in public health nursing, because its workers deal so largely with prevention and aim at detecting and correcting physical defects before they become serious.

The standard curriculum will of course commend itself to any thoughtful superintendent as far preferable to a limited specialized course such as the one suggested by the National Organization, but the latter will probably serve for some years to come exactly as it aims to do, i.e., only as an introduction to public health nursing in schools that cannot provide for the standard curriculum. When the latter can be introduced, this modest effort to meet a pressing need will automatically be displaced.

Again, it should be said that only a beginning has been made. The ultimate answer is that nursing education, like every other live, progressive thing, must adapt itself to modern demand.

Just as a social settlement changes its very life to meet the changing nationality of its neighborhood population from Jew to Italian, and Italian to Slav, so schools of nursing must prepare their students for the almost alarming demand for *really prepared* public health nurses. Already lay social workers and health visitors trained in schools of philanthropy are filling positions that in all probability would not seek them if nurses of proper academic and professional qualifications were to be found.

Therefore, from the standpoint of public health nurses at least, it seems clear that the best results will be obtained when it becomes possible to offer a course in nursing education divided into two years of uniform technical training and one year of elective studies leading to an appropriate diploma.

The demand comes from the public, and nothing lives long after it ceases to serve the public need. There need be no fear that the leaders in nursing education who have guided our course so ably up to the present time will fail to see the signs of the times and rise to the emergency before it is too late, although indications are already at hand that adjustments are coming somewhat tardily. Even this measure of delay can hardly be charged to nurses. It is primarily due to the restricting influence of the schools' dependence for financial support on the hospitals to which they are bound.

The word "emergency" is used advisedly, because the war has placed demands upon nurses such as the world has never known. Warring nations never before rated protection of public health on a par with surgical and medical care for soldiers and sailors. The supply of public health nurses, which is already seriously insufficient, will be desperately inadequate if the war continues, because they will be needed in Federal service and they will be pressed into new posts of responsibility at home, such as sanitary inspectors and deputy health officers, to take the places of physicians who are drafted for military duty. Then, when peace comes again, the public will have learned to an unprecedented degree the meaning of community health and the importance of national health, and in consequence will require public health nurses in numbers we would have thought impossible before.

These remarks have been confined to public health nursing because the subject assigned clearly indicated the wish of the programme committee, which did me the honor of inviting me to address you to-day. But I beg you to bear in mind that, while speaking primarily for public health nurses and in behalf of public health nursing education, I am deeply sensible that if what has been said has any merit, every word which has been spoken applies with equal emphasis to all other fields of nursing.

If there is any distinction at all, it is merely the fact that public health nursing is still so new that it has not yet received its full recognition in undergraduate schools of nursing.

It remains to be said that the nursing profession faces *now* one supreme duty, i.e., to so interpret itself to the public (its field of opportunity, its modern standards of education and the improved social life of its schools), that greatly increased numbers of educated young women will enter its schools, stirred at present by patriotic zeal, but soon to learn that it offers a professional life of dignified and permanently satisfying service.

A committee has recently been created in the United States, known as the National Emergency Committee on Nursing, whose whole purpose is to set in motion a carefully studied programme looking toward this end.

It has already taken the initial steps to reach the 1917 graduates of women's and co-educational colleges, about 10,000 in all. To those who have requisite credits in science, a special course in nursing will be offered by at least fourteen leading schools of nursing, granting from six to twelve months' exemption.

A similar appeal is planned to 1917 graduates of high schools and of technical and private schools, although not offering a shorter term.

Letters will be addressed to hospital superintendents and managers, urging them to make necessary provision for receiving larger classes of students in order to meet the increased demand.

Other measures are under consideration which aim to meet the extraordinary need created by the war, but, if successful, will react with permanent advantage to standards of nursing education.



The committee has for its chairman that leader in thought and action in all matters pertaining to nursing education, M. Adelaide Nutting. The three national associations are represented through their presidents, and the Red Cross by Miss Delano. Recognizing that the plan must reach far beyond nursing *per se*, the following eminent persons have been invited and have consented to serve: Julia C. Lathrop, Chief of the Federal Children's Bureau; Lillian D. Wald, Head Worker of one of our most important visiting nurses' associations; Dr. Winford H. Smith, Superintendent Johns Hopkins Hospital, Baltimore; Dr. S. S. Goldwater, Superintendent Mt. Sinai Hospital, New York; Dr. Herman M. Biggs, Commissioner of Health of State of New York; Dr. C. E. A. Winslow, Professor of Public Health of Yale University; Dr. William H. Welch, Johns Hopkins University.

Much is expected at the hands of this impressive committee, and it is reasonable to hope that nursing will emerge from this most devastating war with an honorable record of having served much and also of having been served in its own worthy efforts to establish itself upon a sound and dignified educational basis.—*Read at the Convention of the Canadian Society Training Schools for Nurses.*

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### \*A Tale of a Casualty Clearing Station

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I have been asked to speak on the subject of nursing in France. Speaking generally, our Canadian nurses are found only in two different types of hospitals in that country: (1) in hospitals on the lines of communication; (2) in casualty clearing stations, which are the field hospitals nearest the fighting line, and which follow within a few miles of the field ambulances of the division, and receive all patients evacuated nightly by the latter units.

As my time is limited, I have decided that it is best to describe only the character of the work performed in these latter hospitals. In order to do this, my aim has been to find a word-picture of one of these hospitals—of its work and the conditions under which its medical staff labour.

I have been fortunate. Not long ago I discovered in Blackwood's Magazine a most charming story of a casualty clearing station, written, apparently, by one of its officers. *This pictures in a most realistic way the work of a casualty clearing station, the rapidly changing scenes, the days and nights of arduous labour accomplished by its staff.*

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\* *A paper composed principally from "A Tale of a Casualty Clearing Station," published, supposedly, by an officer of the R. A. M. C. in Blackwood's Magazine, Volumes November and December, 1916, and January and February, 1917.—Read at the Convention of the Canadian Society of Superintendents of Training Schools for Nurses.*

To me, who have had some small experience of the life military, it brings to mind much that I know to be true, and at the same time neither exaggerates war conditions nor fails to give a true conception of the sufferings of our gallant wounded.

Oh, that I had time and experience to present this story as it has been written! Suffer me only to give a short sketch of this officer's history of this hospital, which, although brief and shorn of all literary adornment, may bring to your minds the life of those faithful men and women whose privilege it was to serve in a casualty clearing hospital during the early days of the war.

The hospital described was mobilized in England early in August, 1914. Its personnel consisted of about eight officers and eighty-five men. Its equipment weighed twenty-five tons. Included in this was a sufficient number of tents to house 200 patients. It was landed at Rouen, and, by means of horse-transport and railway, it found its way to St. Quentin. At this place the medical officers had their first experience of billeting. There came orders to proceed to Railhead, which is the farthest point to which trains are permitted to approach the enemy's lines. The officers were allotted half a cattle truck; two were apportioned to the men. As there were eight officers and eighty men, the comforts of railway travel in war times can be appreciated. On they went, ignorant of their destination, knowing only that a battle was in progress. What they were to do when they arrived at Railhead was left to the initiative of their commanding officer.

That the field ambulance would collect the wounded and send them back to Railhead was to be expected. At midnight they arrived at a scene of desolation. No new orders awaited them. Was this the night before the battle or the night after the battle? Morning broke, the men soon had their camp kettles sizzling beside the track. In an hour or more troops came into view; they were khaki-clad and more than weary. We had received no news as yet of a reverse. If ever ignorance in this world was bliss, it was then. It was the retreat from Mons.

The British army had not yet made its celebrated stand at Le Cateau. It was the station-master who raised the alarm; he informed us that he was leaving his post at once. This caused us to think furiously. The Sergeant-Major, having ideas of his own, went the round of the train and ordered the men to erase the scurrilous remarks and sketches in chalk, redolent of the Kaiser, adorning the outside of the carriages. He was of the opinion that such embellishments might, under certain circumstances, become unhealthy.

We returned to St. Quentin. Our subsequent orders were to depend on the Germans. The collection of the wounded from an army in rapid retreat can only be done with any success by staying with the wounded and surrendering the medical unit *en bloc*. Our fate hung in the balance all the morning.



It was not until 7 p.m. that our train moved. Shortly after daylight the train dribbled into a station. Nobody came to meet it. At last a senior staff officer was discovered sitting along near the telegraph station.

"What are you doing here?" enquired the latter, anxiously. "This is Noyon, and no place to loiter in, unless you want to be captured."

Presently we discovered a solitary figure leaning disconsolately against a station-house. Closer observation disclosed a dirty, unkempt, young medical officer.

"Who are you?" we asked.

"Medical officer of the — Regiment."

"What has happened? Where is the regiment?"

"Don't know," answered the youngster. The Colonel gave the order to retire. I retired with them. They scattered; I lost them; I believe they are all —er— killed."

We started our engine to Amiens. The Railway Transport Officer had just received orders to evacuate the station of everybody, without a moment's delay. There was no room for hesitation. We reached Rouen at 9 p.m. The scene at the railway station on that night of the 27th August was indescribable. How the tide of war was progressing we had no idea. It was seven o'clock the next morning when we were called to undertake our first definite job. Trains of wounded were arriving hourly from the front. It was necessary that these should be unloaded by skilled hands, their bandages possibly readjusted, and despatched to the neighboring hospitals.

The cooks rigged up a fire-place in the court-yard. They had a fire going and hot bovril and milk ready in fifteen minutes. Officers and men continued steadily with case after case all through that summer day. Quite 600 cases had already been fed, doctored and transferred to better surroundings since we had started. We "turned in" on the station platform. Only a deaf man could sleep on a French railway platform. We learned the trick.

To describe all that happened during the next twenty-four hours would be but to repeat the work of the first day. We slept, fed and worked on that one railway platform. The orders that reached us on the 29th proved that *our retreat had been stayed at last*.

One of the duties of a Clearing Hospital is to throw out tentacles wherewith to collect wounded from various railheads. This we were ordered to do. We sent a medical officer with ten men to Crail to collect stragglers. Another was to perform the same duty at the farthest rail-head he could reach. These orders were encouraging; they told of an advance; and we were ready to give it a trial.

On the following day the orders came for the Unit to advance. For the second time, then, we bid adieu to Rouen. Our destination was

Le Mans. The Germans had turned tail and were on the run; wounded might be expected hourly.

On arrival at Le Mans we soon discovered that wounded were expected immediately. It was necessary to find suitable accommodation. The dismantled palace of the Archbishop of Le Mans was secured. It had housed the German General Staff in 1870. Within an hour wounded would pour in and we must be ready to receive them. A hospital had to be made out of little—somehow, but persistence won the day!

Within an unbelievably short time the essential gear reached the palace. The report that wounded were quickly expected proved no myth, for they came in hundreds. Order developed out of chaos; we worked and did what we could.

Our place was to be taken by a Stationary Hospital, with Nursing Sisters, more elaborate equipment, and the comforts incidental to permanency. But when? There was a pause, and some of us ventured forth to an estaminet to dine, only the Major remaining on duty. What exactly happened during our absence it is difficult to portray. Imagination, however, can fill in detail. The Stationary Hospital, on its way, with all its elaborate equipment to carry on the work we had begun, needed nursing sisters. Some twenty of these ladies had been unexpectedly captured by our staff at the railway station and despatched, in anticipation, to the palace which we occupied. The Major, comfortable in pyjamas after a wearisome day, was awakened to show them where they were to sleep. His views on women were, at that time, somewhat straightened. An excitable young nurse, seeking a home in the attic in the dark, gave vent to despair.

"This is hell!" she cried.

"No, not hell," growled the Major, "only war."

The Stationary Hospital arrived next day. We were no longer wanted—ours was pioneer work.

Day by day we enjoyed the calm repose and peace of the spot until six days had passed. We were hourly growing more restless. We knew that it was the calm before the storm. The order, as usual, came suddenly. As usual, we could not know our destination; the O. C. was told "Railhead!"

It was obvious that we were badly needed somewhere—but where? In a rapid advance "Railhead" changed daily. The only way seemed to go on with the supply train and see. After many delays and disappointments we arrived at Coulommiers. A large station-house was already filled with wounded; we had no time to spare. We annexed every inch of space. The building made two wards, and the office between served as a mortuary. In the station-yard our cooks arranged their kitchen. Motor-lorries continued to arrive at short intervals, all laden with wounded lying on straw. The station was quickly filled as night fell. Everyone worked with at least three hands, and hot bovril and milk



were served to all. The night wore on, and still the wounded came. The reek of blood, the cries of those for whom morphia could be their only help, rent the air!

A horde of prisoners arrived—some slightly wounded, some on the point of death. A German captain was given a billiard table for a bed; he looked about him in wonder: "How terrible! How terrible!" he kept on repeating.

The cooks never ceased to make soup; the officers worked independently and steadily, and there was little time for consultations.

It was two o'clock a.m. on the second night. Sleep was a luxury of long ago. Help was called from a station nearer the Marne; the work then began to slacken; evidently the advance was continuing.

The untutored mind imagines that a wounded man must, of necessity, be fallen upon and have his wounds dressed and prodded at sight. Experience teaches that ninety-nine wounded men (who have already received first aid), need their stomachs filled and a bed to rest on *before all else*. Most of them have gone through strenuous work before being wounded, and wish, above all things, *to sleep!*

The lull did not last long. That night supply-lorries in never-ending convoys arrived at all hours. But a welcome ambulance train relieved us of 177 at breakfast-time.

Another move. The night was pitch-dark when we arrived by lorry. We received orders to take over a deserted granary; it was already half-filled with wounded. Work began with the new day in grim earnest; twenty-five lorry-loads was one item.

The scene during the first few days was not easily forgotten. A little office was the operating theatre. The Chief operated; the Colonel gave chloroform and orders at the same time; and the Quarter-master fed those who could swallow. In the meanwhile there was a little rest. Convoys from the Aisne trenches arrived steadily. British, French and Germans came together; we took all.

Then came the fear of tetanus. The wounded, their clothes impregnated with the mud of the trenches (these dug in highly-cultivated and manured ground), were running dreadful risks. Fortunately there is an anti-tetanic serum most valuable as a prophylactic.

After a few days our house was too small. Another house, a hundred yards away, had to be commandeered and fitted with beds and mattresses bought from the townspeople.

On most of those first nights convoy succeeded convoy through all the early hours of the night—50 in one, 150 in another, 100 in a third—until sometimes we were in despair for room.

There came a night, dark and drizzly, when we were almost at our wits' end. Our improvised hospital was filled by dark. The church, which was in possession of another clearing unit, could take no more. Still the convoys continued to arrive from the front. The breaking-point had looked alarmingly near before the relief train came.

At last, the tide of war calling away the other units, we were again left alone. Our surgeon, with a picked detachment, promptly took over the church. It seemed his by right! The Curé—a genial soul—requested leave to continue to hold his morning Mass. This was readily granted. With rows of wounded lying on their mattresses, and the priest droning out his service at the altar, the place presented a bizarre appearance. The smell of incense competed with that of drugs, and the boom of the cannons in the distance added to one's mental confusion.

On the 16th October our Colonel was suddenly confronted with an official question from Headquarters: "How long will it take you to clear out" "One hour!" was the reply. "Well, then, here are your orders."

#### *A New Front*

We journeyed forth en route for Villeneuve. It was daylight when our train pulled up at the great railway junction. Our destination was Abbeville. The Colonel borrowed a motor and started across-country in search of a plant. St. Omer was the selected point.

#### *St. Omer*

An enormous jute factory, some seventy yards in length and almost empty, close to the station, was offered by the *Maire*.

"When was our first batch of wounded to be expected?" was the first question on arrival. The long convoy of motor-ambulances which filed into the court-yard at midnight presented a wonderfully different scene to the straw-laden lorries of the Aisne. The days that followed that first rush into St. Omer proved to be but constant repetition. The arrival of large convoys at night, operations and dressing of wounds all day, and evacuation by ambulance trains at all hours, gave the staff little rest.

To the inexperienced the physical conditions of the soldier carried direct from the battlefield to the dressing station, and thence lodged in the Clearing Hospital, is unbelievable. Grimed with mud, unwashed for weeks, his clothes infested with vermin, and his boots glued to his feet—he is still a hero. With set teeth and fingers gripping the sides of his stretcher, he faces the tortures of wound-probing and fracture-setting with the pluck that can only come of heredity. Few fail!

Jones, a simple, uneducated laborer in civil life, must, in some former existence, have been the original of Mark Tapley. A shell had smashed his thigh grievously, and a bullet, piercing his temple, had exterminated one eye and remained in his brain. Day by day he smoked his pipe contentedly. "I am," he explained, "a lucky man; most men would have been dead of this!" The attempt to save his leg failed. Suddenly, one afternoon, his femoral artery burst in the wound. The surgeon, who was in time, stopped the hæmorrhage, and then and there amputated the limb. Next morning Jones smoked his pipe as usual, smiled with contentment, and returned thanks for his good fortune. A few days later poor Jones suddenly lapsed into unconsciousness. There



was obvious trouble in his head. A portion of the cranium suspected of concealing the lost bullet was opened. An abscess was found, a tube inserted, and the head bandaged. Next morning Jones, minus a leg, with a tube in his head, but normally conscious and happy, again smoked as usual. This time he was quite sure that his luck was phenomenal, and said so with a smile of decision. Poor hero! If he is alive after the war, one trembles to think of the possibility of *his* being in want.

### *Bethune*

In course of time critics came with suggestions. The Colonel was asked if the presence of Army Nursing Sisters as part of our personnel would be useful or otherwise. With memories of the retreat from Mons and the Granary at the Aisne in his mind, the Colonel blanched. At length, however, we were persuaded to try the effect of a few women nurses in places where circumstances permitted. The comfort of severely wounded men had to be considered. In large French towns Sisters could undoubtedly help much, so a chosen five were sent us.

We were in reserve; it was the day before Christmas, with no thought of storm. Then came orders: We must push off to Bethune. We were to be billeted in a young ladies' boarding school! The last unit that was in the "Ecole des Jeunes Filles" at Bethune hurriedly left on account of shells.

The Nursing Sisters, with disappointed hearts and fear of being permanently left behind, stood and watched us depart. Having arrived at our destination, some sixty patients were received that same evening from the Field Ambulance in Bethune.

The "Ecole des Jeunes Filles" stood on the side of the town nearest to the enemy trenches; consequently its roof had been smashed by shells, its windows demolished by shock; the Germans, however, had seen fit to leave it in peace for a month or more—hence our venture.

The aspect of the picturesque little town was markedly different to that of St. Omer. Bethune, its streets crowded with muddy soldiers of every branch of the service, vied with Aldershot on a big field day. The incessant boom and screech of artillery in the near distance was wonderfully stimulating by contrast with the calm of St. Omer. The wounded, as they were lifted from the wagon, rolled in mud and still throbbing with excitement of battle, reached us at eventide. The dressing-stations of the Field Ambulances were but a few miles outside the town. Wounded in the afternoon, a man frequently found himself in a *real* bed by 7 p. m.

The five Nursing Sisters, when quarters were eventually found for them in the town, were in their element. The building, invaded by a multitude of begrimed sick and wounded, would no sooner be cleaned than another lot obscured the horizon. Each morning an ambulance train arrived from the Base, and the daily clearance of those cases fit to travel followed. The men, with clean faces and clean shirts, each wearing the usual ticket denoting the nature of his injury, and smiling as he was

carried forth on a stretcher to the motor ambulances, were certainly not recognizable as the same who had entered the evening before as begrimed derelects. Those Nursing Sisters did splendid work! They were not given like ourselves to talk, and never rested except when driven.

Comparative calm prevailed, and the fact that German shells might at any moment disturb our serenity had almost been forgotten. Next morning the crash came; it was just about getting-up time. A shriek like a mammoth rocket, ending in a crashing explosion, apparently just outside the window, shook the building to its cellars. Another shriek of metal echoed through the compound as we sprang from our beds and rushed for clothes; 217 patients were in the building—many of them serious operation cases. What of them? By the mercy of Providence not a patient had been injured; every one was carried out to the entrance hall in safety. Then came another shell—swish!—bang! There was no time to be lost in loading up the ambulance wagons. The time spent in evacuating the 217 cases was 35 minutes, and the help that the patients themselves offered was a marked feature of the performance. The Nursing Sisters, fortunately, had not yet arrived at the school that morning. It was obvious that our beautiful building was unfit for helplessly wounded at present.

#### *Neuve Chapelle*

The order to locate ourselves in a certain little town a few miles in the rear was received at last. Every French village of any pretensions possesses a boys' school house; in towns within the war zone, where children are *défendu*, they are useful for hospitals; this we seized as a matter of course.

The Nursing Sisters, eating their hearts out in retreat back at St. Omer, were telegraphed for. They came next day. Each evening the long convoy of motor ambulances once more drove up to our doors. Monotonous routine of trench warfare took the place of the unexpected.

The Spring came at last, and with it a secret order to prepare to evacuate every patient then in the building, clear the decks for action, and sum up resources. The hospital buildings were almost empty of patients. There was no work. The Colonel's preparatory orders, however, had been explicit; and had been obeyed. He and the Quartermaster were once more in converse. The Quartermaster's store in the stables was visited. Were there food and hospital comforts for at least a thousand? Was equipment "ready to hand" for the immediate arrangement of "improvised ambulance trains" if a rush came?

There was no shadow of doubt when the battle began. At 7.30 a.m., almost to the minute, the first heavy gun gave the signal. It announced the battle of Neuve Chapelle. A motor convoy, loaded to its full capacity, soon rolled into the compound as expected. The wounded were gloriously cheerful! Before dawn they had "stood to arms" and, with fixed bayonets, waited for the signal which to each individual meant death or victory. Orderlies and Nursing Sisters did not spare themselves. The



cooks were ready with literal "baths of soup, meat and vegetables," calling for consumption. The wounded rapidly forgot their bodily injuries, fed ravenously, smoked, rolled over and slept. But there were those, even amongst the first arrivals, who could eat little and sleep not at all. The Sisters washed their wound-stained faces, slipped off their clothes and issued clean shirts. The officers examining wounds shook their heads. Compound fractures of shoulders, shattered elbows, and here and there a limb hanging "anyhow," need more than a first field-dressing.

A second string of motor ambulances, and then another, and another. If only an ambulance train would come to relieve us! In a moment the news had spread through the building. Every case capable of facing a twelve-hour journey in a train was to be dressed, fed and ready within half an hour. Each one must bear a tally correctly stating the nature of the wound and what had been done for him; those unfit to move must be carefully segregated; a few would never move again; others needed a few days.

We evacuated three hundred patients in all; the last wagon for the train had not left when the new convoy from the front arrived. The cases now were of a different variety. Fractured thighs, and injuries requiring careful carriage could not be moved over the ground quickly. Stretcher after stretcher was carried upstairs into the operating theatre. The languorous vapor of chloroform permeated the building! The cries of men happy in delirium passed unnoticed! At long intervals our surgeon and his assistant came away in order to give the operating room time to air and to be cleaned. They smoked a cigarette and fed. Many of the worst cases were still to come; many were too bad to move; but the back of the battle had been broken.

May was all that Spring should be; the battle of Neuve Chapelle was some weeks old; and we began not only to listen to rumors, but to prepare for future eventualities.

### *Festubert*

Some dozen miles down the line rested a Canadian clearing station; it possessed tents, but, having buildings, did not need them. We accepted an offer of assistance from them without hesitation. With the tents they sent a couple of officers and twenty-five men. The meadow behind the chateau was the very place for them; the tents were up in no time; the personnel was as keen as mustard to do something. An open-air kitchen with Canadian cooks joined the chateau staff with *entente-cordiale*. The "mother unit" welcomed them gladly; two officers, a handful of men, and three Canadian Nursing Sisters also suddenly reported for temporary duty. The total accommodation was now well over 1,000. Once more we waited in suspense—killing time and calculating.

The day of Festubert was a perfect summer day. To relate in detail all that happened during that day of many hours would be but a repetition of Neuve Chapelle.

Towards evening the usual lull became apparent. Night fell upon a scene too pathetic for detailed memory.

It was midnight. Every stretcher in the rooms was filled; there was little of the peace of night upon the scene; in the conservatory a delirious German, crawling, whining, and grabbing at the plants, required supervision; near to him a brace of others, oblivious to all things earthly, lay moribund.

T. Atkins, as usual, made little fuss; if he was in pain, we seldom knew it; a great many slept as happy as children. The electric light lit up the whole place like day; the night outside was very still, and in imagination one could see the sentries at their silent posts. There was no shadow of anybody being spared from his work that night. The Colonel mounted to the operating theatre where the "sleep warm" atmosphere of chloroform permeated the room; the flare of an acetylene lamp over the table showed him, at once, the cause of their momentary silence; the deep breathing of the soldier on the table alone competed with the hiss of boiling water. The surgeon, a weight of responsibility in his eyes, looked up as the Colonel entered. It was easy to read the cause; it was, unfortunately, no new tale; a shattered limb hung in the balance. Was it possible to save the leg without losing a life? The man had been wounded that morning.

"What do you think, Colonel?" asked the surgeon, anxiously.

"You can never save it," said the Colonel.

"Can he stand the operation?"

"He must; he will die if it is left."

It did not take long; practice had made the operative technique perfect. Only one more hero to face life with one leg, or next day to slip from our grasp into a land where it mattered not at all. Which was best?

The Colonel hurried away. Another stretcher, with its waiting applicant for a place on the table, already blocked the hallway. There were many other places to be visited. A surgeon and his coadjutor were found struggling successfully with bullet forceps in their tent; pieces of shrapnel the size of half an egg are better outside the body! A Canadian Sister, indefatigably doing her bit, stood by.

At breakfast time another welcome ambulance train announced its arrival. The battle was over, but the worst of the aftermath still remained. The second day was almost as bad as the first.

"How many admissions do you fellows think my wretched clerk has got in his book for yesterday alone?" asked the Colonel. "Our discharges reached 2,000, and goodness knows how many have escaped record."

"I'll bet the Huns could show a record to which, in comparison, ours is nothing," said the Major.

"Please God!" echoed the Chaplain.



## The Preparation of Nurses for Military Work

(By J. Cameron Smith, Matron, C. A. M. C.)

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At the present time we become very conscious of a fact not always emphasized—namely, that modern, scientific nursing was born out of military necessity. The efficiency of the civil hospital, the pride of this age, owes its inception to the courage and skill of *one woman during a great war*. In considering the preparation of nurses for military work, therefore, we would do well to bear in mind that it was a maxim of Florence Nightingale that a woman cannot be a good and intelligent nurse unless she be a good and intelligent woman. In a military nurse, especially, we must have this foundation, or the superstructure will fall ignobly, like a house of cards.

Besides being endowed with those characteristics and graces which qualify a woman to answer the call of suffering humanity, the Army Nursing Sister must possess dignity of deportment in a high degree as well as that innate refinement and purity of heart which compels respect from all classes of men. If she have youth, beauty and magnetic personality so much the better, and it goes without saying that a good constitution and good general health are a *sine qua non*.

Before she receives any special military training (the usual period is one month), the nurse must have graduated from a standard hospital training school, so that her instruction now is of a purely technical nature; military ethics and etiquette as distinguished from the codes that govern the profession in civil life. Military law and military administration engage her attention and become more or less a part of her being. She must learn the insignia of the various ranks of commissioned and non-commissioned officers, and understand the respect due to and demanded from each; the duties and responsibilities of each rank, especially her own, in order that she may know her powers and when to use them; the care to be taken of army property and equipment, and the proper form of writing army letters and reports. She must study the functions of the different departments of the Army Medical Corps that are organized for the rescue and succour of the wounded; the various stages in the transportation of the latter from the battlefield to a base hospital; the routine which must be observed when patients are admitted, transferred and discharged, and many other details.

It is impressed on the nurse entering military work that she must be prepared to leave, at a few hours' notice, a post which she may especially enjoy, where associates are congenial, and patients in whom she has a deep personal interest. In the Army there is no place for settled friendships, as there is none for animosities. Self must be sacrificed on the Altar of Duty, and the incense of respect for authority kept burning day and night. "Speak, Lord, for Thy servant heareth," should be the atti-

tude of mind of the Nursing Sister towards her superior officers, for discipline is the very essence of military life as it is of moral training. She who cannot obey is never fit to command, and, in this war especially, administrative ability is more necessary in medical workers than ever before.

All ranks in the Army, nurses not excepted, must acquire the habit of maintaining a guarded reticence in regard to purely military matters that may come to their knowledge, and in no way, either in conversation with civilians or by letters, discuss any subject involving criticism of military authority.

One knows that in civil life no organization can be a success unless its members are united by *esprit de corps*. Does not the very phrase confess its origin? The Military Sister must have that loyalty to the Army, to the Medical Corps, to her own Unit, which keeps her silent when adverse criticism might suggest itself, that impels her to pay willing respect to authority, even if the personality which that authority clothes be unattractive or repulsive. Once she dons the King's uniform, she bears the seal of a great dignity; she becomes a factor in upholding the honor of her country.

A distinguished superintendent of nurses in a hospital in France paid a high compliment to Canada the other day when she said: "Do you know that when your Government made the Nursing Sisters officers in the C. A. M. C., the status of trained nursing in the civilized world was raised to a higher plane than it had ever occupied before?" Recognizing the advantage of making the Sisters part of the Medical Corps, with the relative rank and pay of Lieutenants, Canada has the distinction of being the first country to pay this tribute of respect to the disciples of Florence Nightingale.

The Canadian Army Nursing Sister has tremendous responsibilities resting on her. She is recognized by the great civilizations of the world as an officer and a lady. In Toronto or Brownsville she was Miss Blank, a good nurse and an attractive girl, whom her fellow-citizens took for granted while she was in their midst. To-day in Europe she is interpreting the ideals of Canadian womanhood to nations for whom our young Dominion was not much more than a name three years ago. That little corner of the world which she has left for the theatre of war regards her as a heroine, so she must be ready to endure hardship and face danger, if need be, with courage and resolution. The brave men of the Empire, whose blood is shed for the cause of Truth and Righteousness without one thought of self, look forward to their reception in hospital when Sister (God bless her) will do all in her power to make them comfortable and happy. Great Britain—Canada—has learned to expect the very best from her. With these rôles to fill, can the standard in



regard to hospital training, military training and moral worth be too high?

"The Wand-bearers are many, mystics few;  
Only the favored know the countersign,  
And see the source of Vision's soft light shine  
As Ardath's beauteous field of flowers they view;  
Though hosts the outer courts with treasure strew,  
Only the chosen with the gifts divine  
Receive a summons to the Inner Shrine,  
Whose crystal arch receives the pure and true."

—Read at the Convention of the Canadian Society of Superintendents of Training Schools for Nurses.

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### Work of Babies' Dispensary Guild, Hamilton, Ont.

(By Helen R. Macdonald, Supervising Nurse)

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In the year 1909, realizing the excessive infant mortality in Hamilton, some of the medical men approached the Health Department and later the city council for help to secure a better milk supply. Failing in any material assistance from these quarters, they then appealed to the Board of Directors of the Hamilton branch of Victorian Order of Nurses, with the result that funds were collected for a clean milk campaign during the summer months. A farm, not many miles from the city, was selected and the necessary arrangements made to supply clean milk to babies. The milk was cooled directly after milking and bottled according to a set formula, and sold at much below cost price. A second summer milk was obtained from the Erindale Farm near Toronto, and again was put up in formula. At the end of the second season it was realized that results did not warrant the continuance of this costly method of work, and it was then that the Babies' Dispensary Guild was formed and incorporated. Work began in June, 1911, when the late Miss Helen N. W. Smith took charge, and suitable quarters were procured near the City Hospital. Only those who took an active interest in this new plan at its inception have any idea of the difficulties and discouragements with which Miss Smith so bravely contended. It is due to her inspiration and untiring efforts that the work was finally put on a firm foundation. Continuing her work long after her health was broken, Miss Smith was at length compelled to give up in the spring of 1915, and six months later she died. She had the satisfaction of knowing that the infant mortality in Hamilton had been cut in half after her first year's work, and she realized that interest in baby welfare was established in the community.

The Guild is governed by a board of trustees and a small board of directors, the latter being made up of a President, Secretary and Treas-

suror, with two representatives from the Medical Board and two from the Women's Board. The function of the Women's Board is to assist in any social service work, including meeting expenses of necessary free milk and supplies, providing simple outfits of babies' clothing in needy cases, and sending a helper to weigh the babies at the busier clinics. Apart from private subscriptions the Guild at first received a very small grant from the city. In 1915 the grant was raised to one thousand dollars. Since January, 1916, the city has given a pro-rata grant (three cents a day per baby), but with the growth of the work there was still a balance on the wrong side at the end of the fiscal year, March 1st, 1917.

A list of registered births is obtained each month from the civic records, and every new mother is sent a leaflet descriptive of our work and quarters. Patients under two years of age discharged from the Children's Ward of the City Hospital are referred to us as they leave. Under the auspices of the Baby Welfare Association of Greater Hamilton, a Baby Week was held in June of 1915 and 1916, and preparations are almost completed for a repetition of this event during the last week of this month.

The work is essentially educational and preventive. Mothers are urged to attend the clinic while the babies are well and still nursing in order that the progress of the child may be watched, and the mother may receive proper instructions regarding artificial food when the time comes. A pre-natal clinic has been started from which good results are looked for. When a baby is first admitted to the clinic, a brief history of the case is taken, the baby's weight, temperature, pulse and respiration ascertained and recorded, when the baby is ready to see the doctor. If the child is put on artificial food, the mother leaves the dispensary with written directions and the necessary feeding-bottles and other supplies. The following morning a nurse calls at the home to demonstrate the preparation of the food and investigate the living conditions. Mothers are asked to return to the clinic on the same day of each week so that the baby may always see the same doctor. In most cases the instructions are well carried out, and it is not uncommon to be told by a mother that her neighbor showed her how to prepare the baby's food as the Baby's Dispensary nurse had demonstrated. Simple modifications of cow's milk is the only form of artificial food advocated, with the exception of Meyer & Finkelstein's Albumen Milk, which is made up in the hospital for use in cases of diarrhoea or intestinal indigestion. Babies suffering from any form of illness other than those due to improper feeding are referred either to the family physician or to the Out Patient Department of the City Hospital, as also are all cases requiring more medical attention than can be had at a weekly clinic.

In December, 1913, the house in which were our headquarters was taken over by the Hospital, and as the Guild was thus left homeless, the Hospital authorities allowed us temporary quarters in the Out Patient Department, where we still are. Accommodations are, however, inade-



quate, and we hope some day to have our own building. In addition to four clinics a week at the hospital, the Board of Education has given us a room in three of the public schools, where a weekly clinic is held. By holding clinics in different neighborhoods, the work is greatly facilitated and a better clinic attendance secured.

At the request of the Baby Welfare Association of Greater Hamilton, the Provincial Board of Health is making an investigation of conditions affecting infant mortality. Names of registered births in a given year will be taken, and information obtained from the parents up to the end of the first year of the baby's life. The investigation is being carried out in much the same way as surveys of a similar nature made in Johnstown, Pa., and other American cities. Needless to say, Baby Welfare workers in Hamilton welcome this investigation and watch with interest its progress, hoping to glean much valuable information when a report is published.—*Read at the Convention of the Canadian Society of Superintendents of Training Schools for Nurses.*

June 7th, 1917.

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## Household Economics in the Training School

(By Mabel L. Parkin, Dietitian, Winnipeg General Hospital)

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The study of nutrition in the training school is not new, although its growth and scope have increased very much in the last few years, until now in a large percentage of our hospitals the subject receives as respectful attention as others in the nurses' training course.

The primary function of the Training School is the care of the patient, to watch, to tend and to nurture him in such a way that he shall gain and maintain sufficient strength to overcome disease and to be finally restored to health. A knowledge of any and all means to accomplish this purpose is worthy of the nurse's study. It is surely, then, within her province to know something about such household subjects as sanitation and personal hygiene, to know the value of cleanliness, and such matters pertaining to ventilation as will enable her to keep the atmosphere as clean as the floor or the table or the food. Bacteriology is also necessary in regard not only to pathogenic bacteria, but also in regard to those organisms that may produce putrefactive and fermentative changes in both cooked and uncooked foods. The ideal life is one in which there is no illness. When we have mastered the laws of hygiene, no illness should be possible.

In the meantime, with sickness ever in our midst, we must not lose sight of our ideal, but endeavor by all means to restore suffering humanity to a perfect state of health.

In this struggle, what is the advantage of a knowledge of food chemistry? A sound body is a material thing prosaically nourished by

material substances, which produce just as exact results in its chemical change as any produced by the chemist in his laboratory. To obtain a desired result, the proper substances in their right proportions should enter into the process. For this reason, we who are the chemists must thoroughly understand food, its composition, its preparation and cooking, its chemical changes in the process of digestion and absorption. A professor at Harvard is credited with once having said that "No man could be a gentleman without a study of chemistry," and forthwith all the students studied chemistry, for all wanted to be gentlemen. Would that someone of authority and influence should make such a statement concerning food chemistry in the making of womanliness!

A course of study in food should be of use to the nurse in her present and future work, and should be taken very early after the term of probation to make it thoroughly valuable to her. Not only is it of advantage to her, but economically to the hospital. It also aids the physician, for although the good nurse never exceeds nor departs from his instructions, yet from her knowledge of the chemical and physiological action of the food, and from her more intimate contact with the patient, she will enable the physician to give more definite directions, which will add greatly to the comfort and well-being of the patient. There will of necessity be much theoretical instruction, but this may be made so practical that the knowledge thus obtained is made use of in her daily ward work and thus becomes a part of her. The knowledge which a nurse can use is to her the only real knowledge, the only knowledge which has life and growth in it, and converts itself into practical power. The rest hangs like dust about the brain, incapacitating its true function.

For that reason the instruction given will include the composition of our common food materials, vegetables, eggs, milk, meats, the proper cooking of them to obtain the greatest nourishment, the chemical changes in digesting and absorbing them, and besides, their food value in the body. Then the study of diets will come easily and naturally, and it will not be difficult for the nurse to keep pace with and understand the different changes in diets in their relation to the treatment of disease. For we find that these are constantly changing as science advances, and, unless she is well grounded in the fundamentals of food principles, the nurse may become lost in that which seems to be a contradiction of what she has been taught. There should be maintained a definite standard of instruction and a steady advance in the entire field of nutrition.

Another advantage of a thorough course of study is to enable the nurse to correct the erroneous statements of the uninformed, or the wrong ideas that many people, especially women, get from unauthorized sources, such as some newspaper topics. Again, after graduation in her special work, the nurse is supposed to have an ever-ready fount of information on all live topics, and, with the up-to-date woman of to-day who takes a keen interest in health problems, she exerts no uncertain influence if she can guide or advise or suggest in many matters pertaining



to food, of which the housewife was before ignorant. And on the other hand, she falls in the esteem of the housewife should she confess ignorance of a subject in which she should keep well informed.

The practical work includes the cooking and serving of food. It ought also to include its marketing. It is an advantage of considerable importance to the nurse to have at some time the opportunity to select and buy food. Many may not need it, but many again may fill hospital positions where they may at least be required to pass judgment or give decision concerning the purchase or the quality of food purchased. Trips to the market or to the butcher or the dairy, with a supervisor or one who knows, should be a common excursion.

The practice of cooking should of course be done in a well-equipped diet kitchen. The modern diet kitchen has attained its present degree of efficiency gradually, and we hope for better still. It serves two purposes, furnishing a very important part of the training of the nurses and at the same time materially aiding the hospital and doctors in caring for the needs of the patient. The work should be made progressive, beginning with the simpler things, such as broths, gruels, the preparation and cooking of vegetables, and gradually working to those which require more skill in their preparation, cake, salads, bread. It ought also to arrange classes for individual cooking. In these classes the nurse is taught how to poach an egg, or make an omelet for one, or cream soup for one, as well as those dishes which we generally include under "Invalid Cookery." And these classes furnish a splendid opportunity of giving the nurses the food value of what they are making. After such a group of lessons, a calorie is not an unknown quantity or a dead symbol, but actually represents something to the mind of the nurse; similarly an egg-nog means something to her besides nourishment at 10.30.

Just to what extent the diet kitchen may be used in preparing food for the private patients is debatable. From the hospital and patients' point of view, it may be advisable, but is it for the nurse? How often will she be called upon to cook meat (which is a skilled task) for sixty people? In many hospitals, especially where medical cases are more numerous and demand especial care, the diet kitchen is considered a food laboratory where food prescriptions are written the same as those for the pharmacy, with even the number of calories, the quantity of fat, protein and carbohydrate computed. When such laboratories become more common, the diet kitchen will have outlived the time when it was considered only useful in making tit-bits for private patients.

If cooking is a science, then serving is an art, and in no branch of her work does a nurse show her skill more than in her ability to serve a well-prepared and wholesome tray speedily and daintily. It is not easy to give definite directions in regard to serving, for it involves so much of good taste in so many directions, and depends so largely upon the individual and the circumstances. It does mean a great deal of teaching and constant supervision and, above all, personality. It must not

be forgotten that a badly prepared or unwholesome dish, no matter how beautifully it may be presented, is worthless or perhaps, even worse, for it may prove a positive source of evil.

On behalf of the nurses who have not the opportunity of a training thus suggested, let me present a plea. It is needed; it is advantageous; the nurses enjoy the work, probably because, as with their own profession, it is one which arouses their best womanly instincts.

I cannot finish this talk without a suggestion concerning the great need of economy. One of the very fine things that the present world war is bringing to the front is the very real desire of women to coöperate helpfully in every possible way. Everywhere there is a splendid response to the nation's needs, present and imminent, and each woman is asking herself "What can I do to help most?" Many of us have answered this question that for the present we can help best by doing our own work well and so helping towards the world's conservation of energy and resources. In former days one submitted to economy as a sort of punishment to chasten the spirit. This condition no longer exists, and each woman feels that she is helping in the struggle for freedom when something has been saved. This is very true in our private or home life, but much more is it true in public institutions, including the hospital. At present, as never before, the nurse, as well as ourselves, owes it to the hospital, and thereby to the nation, to save by every effort that lies in her power. This means concentrated, systematized effort on the part of the entire staff. The habit of economizing grows under careful supervision, and brings with it its own pleasure and its own reward, inspiring the respect, confidence, and admiration of those who feel its influence. And when this need is presented in such a manner, not only to the entire training school staff, but also to the help, who would fail when on our successful effort may rest the fate of our nation?—*Read at the Convention of the Canadian Society of Superintendents of Training Schools for Nurses.*

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## The Problem of the Feeble Minded

(By Miss Keyes, Toronto)

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The subject of feeble-mindedness has been largely discussed and written about, and is recognized as one of the most serious of social and economic conditions. Its consequences are far-reaching. Indeed, the economic disability, the anti-social propensities, and the rate of propagation of these persons combine to constitute a problem of a magnitude that no civilized country can afford to neglect. The untold sum of misery and unhappiness which this class represents can never be expressed or ever realized. These people, who are scattered throughout the community, increase the cost and reduce the efficiency of our Municipal Government, Departments of Public Health and Educational systems. It is they



who cause the greatest difficulty in the work of education. Our teachers often waste their time trying to teach these children and attempting to do what cannot be done. In this way valuable time and money are lost, without return. This will be the case until the community knows the facts. Many mental defectives cannot be taught, but can only be trained by repetition; no matter what education is offered them, they cannot be brought to a normal standard. At this moment the public schools are trying to rid themselves of such children, (1) because they retard the progress of other children by taking up valuable time; (2) because they are not able to take advantage of instruction given. As long as these sub-normal children remain in our ordinary classes the progress of the normal children is impeded.

Social problems such as poverty, immorality, vice and crime are deeply seated and chronic. Charity has failed in dealing with them. Modern society and business methods cannot handle them. Then what is the cause? We have much poverty, but if mental defectives were cared for, the problem would be smaller. This class often represents individuals or families who for some reason were unable to hold their own in the community. In many cases it has been found that the form of defect has varied from generation to generation, alcoholics in one generation, paupers in the next, possibly insanity or mental defect in the next, etc. We have many unemployable, but almost every feeble-minded person comes in this class and cannot be made even moderately useful without the strictest supervision, and this is seldom given outside of an institution.

The evil of prostitution is widely recognized, but investigation shows that about 60 per cent. of all prostitutes are feeble-minded. That every feeble-minded woman is a potential prostitute will not be disputed by many. The majority of immoral and diseased girls found in institutions are feeble-minded, incapable of reform and self-support, and not desirable or safe members of a community.

In what way is crime related to feeble-mindedness? Twenty-five per cent. of all offenders against the law are feeble-minded, and all mentally defective individuals are potential criminals. At the Psychiatric Clinic in Toronto, of the 1088 cases examined from the Juvenile Court 896 were found to be feeble-minded, and this only touches a fringe of the juvenile offenders.

Who are the feeble-minded? The feeble-minded are divided into three classes:

(1) *Idiots*—These are the lowest in the mental scale. They are usually dirty in their habits; some neither walk nor talk, and exhibit no intelligence whatever. They are easily recognized by everyone as being mentally defective.

(2) *Imbeciles*—These individuals range in mental age from three to seven years. They can do simple manual work under supervision, and can often guard themselves against ordinary physical dangers. It is not

the imbecile in a hospital, it is the imbecile in his family or in a colony that one must know. A school child who does not look at his master, and who neither obeys nor listens; who laughs at authority, who is ugly with his comrade, might be looked upon as such a child.

(3) *Morons*—Under this heading are found the highest grades of the mentally defective, the most numerous and the most dangerous. They require care, supervision and control for their own protection and for the protection of others. They lack the power of inhibition, are good talkers, plausible, do not exhibit shame, remorse or fear. Quite frequently they can write a good letter, have a great amount of superficial knowledge, but in actual school work are retarded. Their judgment and self-control are lacking. Young girls of this class are almost certain to become sexual offenders, and to spread venereal disease, or to give birth to children as degenerate as themselves. Their numerous progeny are likely to become public charges as diseased or neglected children, imbeciles or epileptics.

The problem of feeble-mindedness became so great in Toronto that in April, 1914, a Psychiatric Clinic was developed at Toronto General Hospital in conjunction with the Social Service Department under the direct supervision of Dr. C. K. Clarke, Superintendent of that Institution. Associated with him are Dr. C. M. Hincks and Dr. O. C. J. Withrow. This Clinic is held every Thursday afternoon, when all cases are examined. Organizations such as Juvenile Court, Department of Public Health, Medical Inspection of Schools, and other social agencies feed the Clinic. Since its inauguration the Clinic has grown rapidly, and 2103 cases have been examined, of whom 1074 are children under sixteen years of age. The more pronounced cases are placed in institutions when possible, while the higher grades are left at large. Each case is carefully studied in regard to its environment, family history, personal history, social and economic history, school history, in fact everything that has any bearing on it is considered. A social worker visits the home and school and obtains the above data, after which the child attends the Clinic, where thorough mental and physical examinations are made. The registration of the feeble-minded at the Clinic makes possible regular visitation of each defective who needs care. The social worker advises the parent of the absolute necessity of careful supervision and guardianship for the child's immediate welfare, so that it may acquire the proper habits of life. Through the Chief Medical Inspector of Schools, the school principal is informed of the diagnosis in every child under sixteen years of age, and in this way a teacher knows the children who present peculiar difficulties.

Environment plays a great part in the development of man, but two-thirds of these children come from homes where dirty and poorly ventilated rooms predominate. Their vision is bounded by bare walls, filth and grime, and their minds are seared by suggestions of evil. How can these conditions result in anything else but the creation of boys and girls who have an innate tendency to vice and immorality?



Bad heredity, it has been found, is the chief causative factor. In the majority of cases examined, histories show that the child has one or both parents degenerate, immoral, intemperate or defective.

Immigration is another factor in determining the number of feeble-minded in our midst. Of the total number of cases before mentioned, 1074 were of foreign birth, or approximately 49 per cent. This goes to show that we are getting quantity, not quality.

Let me cite to you a few of our cases:

*Case A*—Reports came (1) from the Department of Public Health that Mrs. A was never seen on the streets, and she would not allow a nurse in the house; (2) from the truant officer, that the four children were away from school on an average of three days a week; (3) from the Children's Aid Society that these children were neglected. After four visits to the home an admittance was finally gained. It was an unfinished shack of four rooms, two of which were furnished. The furniture consisted of a table, two chairs, which, when a board was placed from one to the other, was used as a seating accommodation; a stove, one cot, and two mattresses on the floor. The rooms were dirty and littered with clothes and papers. Mrs. A was sitting on a chair, partly dressed, and talking to herself. The children were on the mattresses, and in a most neglected condition. After spending one hour in the home the following history was obtained: The mother—evidently insane—had not been on the street for a year, as she was afraid her neighbors would poison her. This was her reason for not sending her children to school more regularly. The father was of unstable type, and unemployed the greater part of the year. The children, ranging in age from fourteen to six years, were ill-nourished and uncared for. Although the fourteen-year-old girl had been attending school for eight years, she was still in the first book. The twelve-year-old boy had appeared in Juvenile Court on two occasions and could neither read nor write. The nine-year-old child was in the first book, and the six-year-old in the kindergarten. The whole situation was a very sad one. After many attempts to have this woman examined mentally, it was only by taking the case into Juvenile Court that this was accomplished. The mother was sent to the Hospital for the Insane, while the children were placed for the time being under the care of the Children's Aid Society; owing to their mental condition they could not be made wards. An effort is now being put forth to locate an aunt who will look after these unfortunate children, but how much better if they could be placed in a suitable institution, rather than to be at large to fall a prey to some misfortune?

*Case B*—Mrs. D is an Irish woman of fifty-eight years, who has had seventeen children, twelve of whom had the misfortune to live. The home, if such it can be called, consists of four rooms in a narrow street of the down-town section. The windows are now boarded up. The interior was untidy and dirty, and the furniture scant. It is a common occurrence for this family to sit on the floor for their meals owing to

lack of table and chairs. The mother is distinctly feeble-minded, and is unable to read or write. Father has never earned more than ten dollars per week. Of the children, one daughter has given birth to four illegitimate children; five have appeared in the Juvenile Court for theft, four are habitual truants, and the majority have been diagnosed as feeble-minded. An effort is now being made to break up this family, but we expect to receive the old reply, "It is too bad, but we can't do anything because they are feeble-minded."

A great difficulty now presenting itself is the number of children under six years of age who require institutional care. This is impossible, as there is not an institution in Ontario where a feeble-minded child under six years of age can be placed. To illustrate how dangerous some of these children are, the case may be given of a lad five years of age. He was one of two children following an illegal marriage. The father was an alcoholic, and, when this child was one year of age, was arrested as a bigamist. The mother, of weak type, has since married an alcoholic, who gives her very little support. Although but five years of age, this child delights in hurting his baby step-sister by sticking pins in her and burning her with a hot poker. He has killed eight small rabbits, choked a cat by tying a string around its neck, and on two occasions has set fire to the curtains in the house. Because he has not lived six years he must remain at home and endanger other lives.

These are just three of the many with which we have come in contact.

You may say, "Oh, we have none of these people." Go to your slum districts, to the schools in your cities, to the jails, police stations, juvenile courts, and you will see enough to demonstrate the fact that this disorder comes from a class who are misfits in society.

Each of us should endeavor to teach the people with whom we come in contact the danger of marrying into families where there is a history of feeble-mindedness, epilepsy or any neuropathic taint. To-day we have a law prohibiting the marriage of insane persons and idiots, but this does not touch our most dangerous class—the moron.

To segregate the feeble-minded is to cut off one of the most prolific sources of crime, degeneracy and pauperism. What is gained by punishing this class for a few months or years, and then turning them out to demoralize society and bring children into the world only to fill our institutions with epileptics, insane and imbecile patients? Would it not be an economy to segregate them all their lives and so lessen the expense of having them repeatedly admitted to our industrial schools, reformatories and penitentiaries? Would it not be better if our murderers, who are often of this class, had been admitted to an institution for feeble-minded early in their lives, rather than die on the scaffold after killing people who were useful citizens?

All social workers will agree, I am sure, in strongly emphasizing the frequency and importance of mental defect as a factor in the causation of all social problems, and the burden will never be diminished except



through education and the doing of social service work. There is every probability that with war stripping the country of the flower of our nation, and this class producing its own kind, we shall have a much higher percentage of feeble-mindedness unless we who are here to-day, instead of saying: "Isn't it frightful," and "Why isn't something done?" do something ourselves by educating the public and assist in solving the problem by getting training schools where this unfortunate class can be made happy and productive.—*Read at the Convention of the Canadian Society of Superintendents of Training Schools for Nurses.*

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### Address of Welcome

(By Miss Nora Livingstone, Lady Superintendent  
Montreal General Hospital)

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Madam President and Ladies:

Allow me to extend to you a very hearty greeting, not only on my own behalf, but on behalf of the Hospital and city which I represent.

On September 12th, 1907, this Society held its first meeting in the Governors' Hall of the Montreal General Hospital, so that this is the second occasion upon which I have had the honor of welcoming the Society to Montreal, an honor which I greatly appreciate.

In 1907 we were a very small infant—in fact, quite an incubator baby—and I think that the members of the Society, past and present, must realize how much of its success they owe to Miss Sniveley, late Lady Superintendent of the Toronto General Hospital, who suggested its formation, and who furnished the impulse and enthusiasm which brought it into being.

Apart from greeting you, I should like to take this occasion to draw your attention to the criticism not infrequently heard, and heard from widely different sources, namely, the lack of the humanitarian spirit displayed by the nursing profession of to-day—a severe criticism, and one which, I fear, is not altogether unjust. This criticism does not come from the reactionaries in the ranks of the medical profession, that is, from men who hold that the graduate nurse knows too much, assumes too much by way of position and privilege, but from the sincere well-wishers of our beloved profession, who, while paying full tribute to our nurses' technical skill, regret that they do not give more practical expression to our high ideals and educational standards in meeting the crying needs of humanity.

I feel there is truth in this criticism, a truth which the nursing profession, in the interests of its survival and development, must recognize and meet. It may be that my point of view is that of an older generation, or that I suffer from the halo which is said to surround the thing which has been; be that as it may. Certainly I speak in all sincerity

when I voice my conviction that we are losing something out of the heart of nursing; something that we cannot afford to lose; something that made the work of the pioneer nurses of the profession more beautiful—a something greatly to be desired.

I fear that much of this criticism is due to the spirit of commercialism which has invaded modern life and prevailed over much in the nursing profession. The fixed fee, the refusal of case after case because the patient cannot reach a certain price, or the environment is not pleasing, and the hundred-and-one things which have crept into modern nursing—all so foreign to the spirit of our Patron Saint. I sometimes wonder what Miss Nightingale would think could she return to earth and see and hear some of the things which are done in the name of nursing. She would hear much of publicity methods, educational standards and ideals, but, when it comes to the standards of service, she would certainly be mystified, and I think truly grieved. It is easy to eulogize her, to raise tablets to commemorate her memory; but it is another story to carry her spirit into the homes of all classes. Her name will not die; but there is grave danger that her spirit will cease to be the spirit which actuates the nurses of the future; and, as a body of sincere and devoted women, it is our task to cherish and keep alive that spirit which the world needs as sorely to-day as it did a half century ago.

In conclusion, may I express the hope that our deliberation may be inspiring and helpful, and that each one of us may carry away pleasant and uplifting memories of the few days that we have been privileged to spend together—so I wish you Godspeed to the next milestone, and beyond.

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“KEEP ON KEEPIN’ ON!”

“If the day looks kinder gloomy,  
And yer chances kinder slim,  
If the situation’s puzzlin’  
An’ the preospects awful grim,  
An’ perplexities keep pressin’  
Till all hope is nearly gone,  
Just bristle up an’ grit yer teeth,  
An’ keep on keepin’ on.”

“There ain’t no use in growlin’  
An’ grumbling all the time,  
When music’s ringing everywhere,  
An’ everything’s in rhyme,  
Just keep on smiling cheerfully,  
If hope is nearly gone,  
Just bristle up an’ grit yer teeth,  
An’ keep on keepin’ on.”



# MINUTES

OF

## The Canadian Society of Superintendents of Training Schools

Held at the Windsor Hotel, Montreal  
June 12th and 13th, 1917

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### OFFICERS: 1916-1917

President.....	MISS HELEN RANDAL
	East Burnaby, B. C.
First Vice-President.....	MISS N. GILMORE
	Edmonton, Alberta (Deceased during year)
Second Vice-President.....	MISS Z. YOUNG
	Montreal, Que.
Secretary.....	MISS E. FLAWS
	Toronto, Ont.
Treasurer.....	MISS MABEL HERSEY
	Montreal, Que.

### COUNCILLORS

MISS J. GUNN.....	Toronto
MISS M. GRAY.....	Winnipeg, Man.
MISS CATTON.....	Ottawa
MISS L. PHILLIPS.....	Montreal
MISS MATHESON.....	Toronto
MRS. BOWMAN.....	Halifax, N. S.

## TENTH ANNUAL CONVENTION

—OF THE—

### CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS

June 12th and 13th, 1917.

The Tenth Annual Meeting of the Canadian Superintendents' Association of Training Schools for Nurses was held in Montreal, at the Windsor Hotel, on Tuesday, June 12th, 1917, at 10 a. m. The meeting was called to order by Miss Randal, the President. Miss Randal expressed her deep regret and sympathy for the Secretary, Miss Flaws, who was unable to be present owing to the illness of her mother.

Moved by Miss Phillips, seconded by Miss Gunn, that an expression of sympathy be extended Miss Flaws from the Association. Carried. unanimously. This was followed by the President's address.

#### PRESIDENT'S ADDRESS

"I feel like the War President of this Society, as the war has been going on ever since I have been in this position. The war work has taken up most of the time of the Superintendents, and all have experienced a trying time with the shortage of a regular nursing staff, so many having heard the call and gone overseas. For those left behind there will be no public recognition, such as the Royal Red Cross. Very few realize that it is often those left behind to nurse and carry on our own home duties who are as truly patriotic, though not taking active part in the honors of war. The nurses overseas have, without exception, all done splendid work. Among those receiving special recognition is Mrs. Henderson, graduate of the Montreal General Hospital, who has received the "Order of Lady of St. John of Jerusalem" as a mark of appreciation of her work. Many have received the Royal Red Cross, and many more, as in the case of all doing their work overseas, deserved it.

Women everywhere are becoming more and more recognized as leaders in the important spheres of our national life, and it is with great pleasure we notice the interest taken by the National Council of Women at their meeting at Winnipeg in the nursing profession. It behooves us all to keep pace with the times in all the leading matters, in as well as out, of our own particular branch of service, or we will soon find ourselves left far behind.

The pressing need is for standardization of training schools. The nurse must be trained to go anywhere and be able to take up any branch of the nursing work, and this would be more satisfactorily carried out by affiliation. A committee has been formed to discuss the Standard Curriculum."



As the minutes of the last meeting had been published in the *Canadian Nurse*, it was moved by Miss Madden, seconded by Miss Kinder, that the minutes of the last Annual Meeting be accepted as read. Carried.

In the absence of Miss Flaws, the Secretary, the minutes of the Council Meetings and the report of the Secretary were read by Miss Matheson, and adopted.

The Secretary's report showed an addition of 34 new members accepted into the Association as a result of the work of the Membership Committee. A suggestion was made as to the advisability of establishing a Bureau of Information in connection with our Superintendents of Training Schools, where items of information may be obtained without applying to various schools in order to obtain such. Another suggestion was a special Round Table for the benefit of small hospitals.

The Secretary referred with regret to the great loss which our profession and society has sustained by the death of Miss Nellie Gilmour, who was so very dear to us all, and one whose place it will be very difficult to fill. The Association has lost a very staunch friend, and one whom we individually, and as a society, mourn.

Moved by Miss Stanley, seconded by Miss Catton, that the Roll Call be postponed until later in the day, when more members would be present. Carried.

The Treasurer's report was read by Miss Hersey.

The report of the Committee on Standardization of Training Schools was read by the Convener, Miss Johns.

The report of the Committee on the revision of the Constitution and By-laws was read by Miss Dixon, the Convener.

It was moved by Miss Gunn, seconded by Miss Phillips, that the reports be adopted.

A discussion followed re time of Annual Meeting. Miss Dyke discussed it from the standpoint of the Public Health Nurse, and Miss Gunn from the standpoint of the Superintendent of Training Schools.

It was moved by Miss Madden, seconded by Miss Johns, that the President of the Canadian National Association be a member *ex officio* of the Canadian Superintendents' Association. Carried.

Miss Stanley moved, seconded by Miss Catton, that the discussion on Miss Johns' report on the standardization of training schools be left over for a later session, as Miss Johns' report was too important to be discussed until the members of the Association had time to think over its many important points. Carried.

A discussion on the Constitution and By-laws followed, which was taken up clause by clause. After considerable discussion and suggestions as to a new name for the Association, it was moved by Miss Gunn, seconded by Miss Hersey, that the Association be called "The Canadian Association of Nursing Education." Carried.

Article 2 of the By-laws re fees brought forth considerable discussion. It was finally moved by Miss Madden, seconded by Miss Gunn, that the annual fee for active members shall be three dollars. Carried.

Section 4, Article 2, on elections, was also discussed. It was moved by Miss Gunn, seconded by Miss Snell, that Article 4 on Elections be referred back to the Committee on the Revision of Constitution and By-laws, to bring in a report for discussion at a later session. Carried.

Article 7, Section 2, Quorum. Moved by Miss Stanley, seconded by Miss Hersey, that three members of the Board of Directors shall constitute a quorum. Carried.

The meeting then adjourned. The members were entertained at luncheon by the Board of the Montreal Western Hospital.

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## Joint Meeting of Superintendents of Training Schools and Canadian National Association

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A joint meeting of the Superintendents of Training Schools for Nurses and the Canadian National Association was held in the Windsor Hotel, Montreal, on June 12th, 1917, at 2 p. m., presided over by Miss Phillips, President of the Montreal Association, Montreal. Rev. Arthur French gave the Invocation.

Addresses were given by Miss Livingstone, Superintendent of Montreal General Hospital; Dr. Martin, Professor of Medicine, McGill University, Montreal; and Major the Rev. J. Williams, who all extended a cordial welcome to both associations.

Miss Gunn, of Toronto General Hospital, responded in a very fitting manner to the Addresses of Welcome.

A paper was read by Miss DesBrisay, prepared by Miss Woodbury, on "A Summer at St. Anthony's, Labrador."

The meeting then adjourned. The members were given a trip by motor to the Children's Memorial Hospital and entertained at tea.

The evening session opened at 8 p. m., the President in the chair.

A very interesting and instructive paper was read by Col. A. McKenzie Forbes, entitled "A Tale of a Casualty Clearing Station." This paper was followed by a paper prepared by Miss Jean Cameron Smith, C.A.M.C., and read by Miss Goodhue, on the Preparation of Nurses for Military Work. A paper on the work done in Montreal in connection with the Patriotic Fund was read by Miss Shaw. This was followed by a paper on the Teaching of Nurses in Household Economics, written by Mabel L. Parkin, dietitian of Winnipeg General Hospital. The meeting then adjourned.

June 13th, 10 a. m.—The meeting was called to order by the President. General business was taken up.



The chair appointed Miss Gunn and Miss Stanley as Conveners of a joint Committee with the Canadian National Association on resolutions.

Miss Dickson, the Convener of the Committee on the Revision of Constitution and By-laws, read her report as follows:

Article 2, Section 4, Elections.

The President and Secretary of the Association shall hold office for two years, the remaining Officers and the Directors until the adjournment of the General Meeting following that of the elections. This was carried unanimously.

It was moved by Miss Gunn, seconded by Miss Catton, that the new Constitution and By-laws be adopted at this general meeting, to be in effect at once, and that all members of the Association be furnished with copies of the new Constitution. Carried.

A discussion on Miss Johns' report re the Standardization of Training Schools followed. Misses Stanley, Fairley, Gunn, Madden, and Catton took part in the discussion.

The formal session adjourned.

The remainder of the morning was given over to the Round Table. All members showed their interest by discussing the various questions freely. As the time was too limited to discuss many of the questions, the President announced that the Round Table would be taken up at the close of the session, Friday afternoon, at the Royal Victoria Hospital. The President urged the members of small hospitals to send in their questions. As the session was a very informal one, she hoped that all the members present would feel perfectly free to take part in the discussion.

Adjournment followed.

The members took the train to St. Ann De Bellevue, and were guests of McDonald College for luncheon.

#### AFTERNOON SESSION

The afternoon session opened at 2 p.m. in the Assembly Hall of McDonald College, the President in the chair. A cordial welcome was extended to the Association by Miss Fisher, Dean of Household Science, McDonald College.

The next in order was elections.

The chair appointed Miss Madden and Miss Catton as scrutineers.

Miss Fairley announced that Lord Shaughnessy had returned all the money paid by the Association for railway tickets to St. Ann, and suggested that the money refunded for railway tickets be paid to the *Canadian Nurse* for office equipment.

Miss Crandall gave a most interesting address on "How are Schools of Nursing obligated to prepare students for Public Health Service?"

The Scrutineers brought in their report.

## OFFICERS FOR 1917-1918:

President, Miss Randal, Vancouver, B. C.; First Vice-President, Miss Phillips, Montreal, Que.; Second Vice-President, Miss Johns, Winnipeg; Secretary, Miss Flaws, Toronto; Treasurer, Miss Hersey, Montreal; Councillors: Miss Gunn, Toronto; Miss Smith, Calgary; Miss Rattalack, St. John, N. B.; Auditors: Miss Catton, Miss Ellis.

Following the elections, Miss Keyes, of Toronto, read a paper on "The Feeble-minded and their Care."

Miss Gunn brought in a resolution of thanks to the President of McDonald College, Miss Fisher and Miss Stewart, for their hospitality in entertaining the Association to luncheon and the use of the Assembly Hall; to Miss Fisher for her address of welcome, and Lord Shaughnessy for his generous gift to the Association. The meeting then adjourned.

Motors were awaiting at the Assembly Hall to take the members to the home of Mr. Angus, President of the Board of the Alexandra Hospital, where the Association was entertained at tea.

As there was no evening session, the members were entertained at supper in the Oak Room of the Windsor Hotel by the Municipal Chapter of the Daughters of the Empire. Mrs. Hodgson, the hostess, made a delightful speech, welcoming the Association to Montreal and showing her appreciation and interest in the work of the Association.

The closing session of the Association was held in the Medical Theatre of the Royal Victoria Hospital, Montreal, Friday, June 15th, at 2 p. m., the President presiding.

A letter from Miss Southcote, of Newfoundland, was read, expressing her regret at not being able to be present and wishing the Association every success.

Lantern slides showing the Training School Records used in Toronto General Hospital were thoroughly explained by Miss Gunn, which was very much appreciated by all present. This was followed by a paper on "The Work with Baby Clinic" by Miss Forsythe, of Toronto.

The President regretted that, owing to lack of time, Miss McDonald's paper on "Milk Station Work" would not be read, but would be published in the *Canadian Nurse*, where all would have an opportunity to read it.

Miss Stanley moved a resolution of thanks to the retiring Officers of both Associations, the Councillors, Conveners of Committees, and all who helped to make the convention a success.

Miss Gunn moved a resolution of thanks to the Board of the Western Hospital; Board of Children's Hospital; McDonald College; Mr. Angus; Royal Edward Institute; Mr. Hooper, of Montreal General Hospital; the Municipal Chapter of the Daughters of the Empire; Dr. Reddy, of the Woman's Hospital; Lord Shaughnessy; and the Royal Victoria Hospital, for their hospitality and entertainment. This brought the general meeting to a close. Round Table followed.



The meeting for 1917 was closed by singing the National Anthem, after which tea was served and the members shown through the Royal Victoria Hospital.

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### COUNCIL OF C. T. S. FOR NURSES

A meeting of the Council of the Canadian Superintendents of Training Schools for Nurses was held at the Windsor Hotel, Montreal, on Monday, June 11th, at 8 p. m. The meeting was called to order by the President. Members present: Misses Randal, Gunn, Phillips, Hersey, Mathieson and Fairley. In the absence of the Secretary, Miss Flaws, Miss Mathieson was appointed to act as Secretary pro tem.

The report of the Secretary was read, also the minutes of the meetings of the Council and reports of special meetings of the Toronto members of Council were read and adopted.

Thirty-four applications for membership were read. Moved by Miss Phillips, seconded by Miss Gunn, that the new applicants be accepted and become members of the Association. Carried.

Moved by Miss Randal, seconded by Miss Hersey, that Miss Fairley be appointed to cast the vote for the Association at the meeting of the Canadian National Association. Carried.

The meeting then adjourned.

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### COUNCIL OF CANADIAN ASSOCIATION OF NURSING EDUCATION

A meeting of the Council of the Canadian Association of Nursing Education met at the Royal Victoria Hospital, Montreal, Friday, June 15th, 1917. Members present: Misses Randal, Gunn, Hersey and Mathieson.

Standing Committees were appointed as follows:

Membership Committee—Moved by Miss Gunn, seconded by Miss Hersey, that the same committee with the same convener, who have done so much admirable work in 1916, be re-appointed, with power to fill vacancies. Carried.

Committee on Standardization of Training Schools—Moved by Miss Gunn, seconded by Miss Hersey, that Miss Dickson, of Toronto, be appointed as Convener, with power to choose her own committee. Carried.

Nominating Committee—Moved by Miss Gunn, seconded by Miss Hersey, that Miss Craig, of the Western Hospital, Montreal, be appointed Convener, with power to choose her own committee. Carried.

Programme Committee—Moved by Miss Hersey, seconded by Miss Gunn, that Miss Mathieson be appointed Convener of the Programme Committee, with power to choose her own committee. Carried.

Moved by Miss Gunn, seconded by Miss Mathieson, that each member of the Superintendents' Association bring up the question with their Alumnae Association, and with their Board of Managers, of how to provide nursing care for tuberculosis patients in neighboring hospitals and sanitoriums, and what arrangements can be made to use their training schools in doing so. Carried.

Moved by Miss Gunn, seconded by Miss Hersey, that the report of the Canadian Association of Nursing Education be published in the *Canadian Nurse*. Carried.

Moved by Miss Gunn, seconded by Miss Hersey, that the Committee on Revision of Constitution and By-laws prepare copies of the new Constitution and By-laws, and send them to the different members of the Association, and that the printing of the Constitution and By-laws be referred to the President. Carried.

Moved by Miss Hersey, seconded by Miss Gunn, that the President's travelling expenses be paid. Carried.

The meeting then adjourned.

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### COMMITTEE REPORTS

Madam President, the Canadian Society of Superintendents of Training Schools for Nurses:

The minutes of the last meeting have been published in the *Canadian Nurse*, which I trust you have all read. I will, therefore, very briefly report what has occurred since that time.

The Council has had two executive meetings and three meetings of the members who reside in Toronto.

The business transacted at the meeting following the annual meeting in Winnipeg was the appointing of committees, appropriating money for expenses, and other necessary business taken care of. The meetings of the Toronto members were to fill vacancies that had occurred during the year.

At the meeting of the Council preceding this annual meeting, we had the pleasure of admitting the following members into the Association:

Grace M. Murray, Victoria Hospital, Fredericton, N.B.; Nellie Waddington, Superintendent Vernon Jubilee Hospital; Jane Campbell, Superintendent Lachine General Hospital; Emily Eisle, Waterloo Hospital, Kitchener; Anne Forgie, Guelph General Hospital; Alma R. Thompson, Superintendent Cornwall General Hospital; Claudia M. Boskill, Kingston General Hospital; Ethel B. Macnutt, Dr. Lockhart's Hospital, Charlottetown, P.E.I.; Jean Giffen, Superintendent Children's Memorial Hospital, Montreal; Lottie E. Corbett, Superintendent Moncton Hospital, Moncton, N.B.; Mary A. S. Watson, Superintendent Yarmouth Hospital; Martha Kirkpatrick, Superintendent Private Hospital, Truro, N.S.; Miss Graham, General Hospital, Sydney; Miss



Sampson, Superintendent of Hospital for Insane, Dartmouth, N.S.; Miss J. Sheraton, Aberdeen Hospital, New Glasgow, N.S.; Mrs. Y. Milne, Superintendent Welland Co. General Hospital, Welland; M. A. Walsh, Cobourg Hospital, Cobourg; May P. Turner, Prince Edward Island Hospital, Charlottetown; Phyllis M. Gordon, Sherbrooke Hospital, Sherbrooke, Que.; Sister M. A. Duckett, Superintendent Holy Cross Hospital, Calgary, Alta.; Sister C. Tougas, Superintendent of Nurses, Holy Cross Hospital, Calgary, Alta.; Sister H. Fafard, Superintendent General Hospital, Edmonton, Alta.; Sister Christine, nee Victoria Pepin, Superintendent Misericordia Hospital, Edmonton, Alta.; Sister St. Josaphat, Superintendent of Nurses, Ottawa General Hospital, Ottawa; Lottie M. Edy, Assistant Lady Superintendent Calgary General Hospital; Jessie K. Purves, Superintendent General Hospital, Portage la Prairie, Man.; Etta N. Lane, Fisher Memorial Hospital, Woodstock, N.B.; Helen G. B. Locke, General Hospital, Toronto; Mary E. Stuart, Amasa Wood Hospital, St. Thomas; Miss Mary A. Snell, Montreal Maternity Hospital, Montreal, Que.; Miss Pollard, Homeopathic Hospital, Montreal; Miss Mabel Richards, Superintendent of Minamachie Hospital, Newcastle, N.B.; Miss M. Murray, Superintendent Victoria Public Hospital, Frederickton, N.B.; Miss Whyte, Superintendent of Moncton Hospital, Moncton, N.B.

This is the result of the work of the Membership Committee. The report of the Committee will give the work in detail.

Miss Johns, as convener of the Standardizing of the Curriculum of Training Schools, has done an immense amount of work, as her report will show. Between these two committees the Society has introduced itself to many nurses, and if they will now assist us in following up the acquaintance, I am sure we will be mutually benefited.

The Committee on the Revision of Constitution and By-laws will bring in a recommendation in their report which will help to further the "getting together" by forming Chapters in certain districts. There has been a long-felt need of wanting to talk things over, which is quite impossible when we only meet once a year. I think in this way we will be able to greatly extend our usefulness.

As a further suggestion, may I be permitted to quote from Miss Riddell's address to the American Society of Superintendents, 1911:

"We believe we should devise some way of being of actual use. We believe it should be a moral support as well as a real, visible, practical help that we offer.

"Possibly it could be done through a committee—a 'Committee on Work.' It might be a great help to the young or the overburdened or inexperienced member to know there is someone to whom she can apply for guidance. We know those who are too busy to even frame a curriculum. This committee could gather information as to material for such a curriculum as that particular school needs and advise regarding it. Possibly it is courage or encouragement the member needs—then let

that be given. Above all things, let the committee itself be not too wise for the ordinary every-day worker to approach comfortably. Let the committee forget its hospital airs and remember it is not starting the young probationer who must be kept in line, and at the foot of the line, too, but let it invite confidences and distribute assistance.

"Countless ways of help might be mentioned, but suffice it to say that, doubtless, opportunities at present unheard and unthought of would arise.

"If it is right that the newer or younger superintendent of the smaller or the larger school should add to or take from her curriculum and seeks our help—let us unite our intelligence with her's and help her solve her problem."

My reason for quoting this is that one of the questions which came in for the Round Table was "The advisability of establishing a Bureau of Information in connection with our Superintendents of Training Schools, whereby items of information may be obtained without corresponding with various schools in order to obtain such." Another suggestion that came in a letter was, "Do you suppose we could have a special Round Table for the benefit of small hospitals? I am afraid the presence of the superintendents of larger hospitals is inclined to prevent the superintendents from smaller hospitals speaking their mind."

I would like to make a strong plea that every member become an active member in the literal sense of the word; as each year of my life passes, my conviction becomes stronger of the need of organization to bind the nurses together, and for this purpose our Society should have a very potent influence for the good of the profession.

It is with deep regret that I take this opportunity of referring to the great loss which our profession and our Society has sustained by the death of our First Vice-President, Miss Nellie Gilmour. To you in Montreal she particularly belonged, and was known for her superior mental qualities and loved for her works, but her works were not confined only to this city, but were carried on in Labrador, Newfoundland, and Edmonton, Alberta, as well as in cities of the United States. In each position her achievements were great, but she was one of those very busy people, and still with a heart at leisure from itself to soothe and sympathize. It is scarcely necessary for me to say that the profession as a whole, and this Association, has lost a very staunch friend—one whose place it will be difficult to fill—and we individually and as a Society mourn her.

Respectfully submitted,

G. G. FLAWS, Secretary.

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#### REPORT OF MEMBERSHIP COMMITTEE

After the meeting in Winnipeg in June, 1916, letters were sent out to the members of the committee in each Province to see what they could



do to obtain new members. The following names came up as applicants for membership: Miss Grace M. Murray, Superintendent Victoria Hospital, Fredericton, N. B.; Miss Nellie Waddington, Superintendent Jubilee Hospital, Vernon, B. C.; Miss Jane Campbell, Superintendent Lachine Hospital; Miss Emily Eisle, Waterloo Hospital, Kitchener, Ont.; Miss Anne Forgie, Guelph, General Hospital, Ontario; Miss Alma R. Thompson, Superintendent Cornwall General Hospital, Ontario; Miss Claudia M. Boskill, Kingston General Hospital, Ontario; Miss Ethel McNutt, Dr. Lockhart's Hospital, Charlottetown, P. E. I.; Miss Jean Giffen, Superintendent Children's Memorial Hospital, Montreal; Miss Lottie E. Corbett, Superintendent Moncton Hospital, Moncton, N. B.; Miss Mary A. S. Watson, Superintendent Yarmouth Hospital, Nova Scotia; Miss M. Kirkpatrick, Private Hospital, Truro, N. S.; Miss Graham, General Hospital, Sydney, N. S.; Miss Sampson, Superintendent Hospital for Insane, Dartmouth, N. S.; Miss J. Sheraton, Aberdeen Hospital, New Glasgow, N. S.; Mrs. Y. Milne, Superintendent Welland County General Hospital, Welland; Miss M. A. Walsh, Cobourg Hospital, Cobourg, Ont.; Miss May P. Turner, Prince Edward Hospital, Charlottetown, P. E. I.; Mrs. Phyllis M. Gordon, Sherbrooke Hospital, Sherbrooke; Sister M. Duckett, Superintendent Holy Cross Hospital, Calgary; Sister C. Tougas, Superintendent of Nurses, Holy Cross Hospital, Calgary; Sister H. Fafard, Superintendent General Hospital, Edmonton; Sister Christine (nee Victoria) Pepin, Superintendent Misericordia Hospital, Edmonton; Sister St. Josephat, Superintendent of Nurses, Ottawa General Hospital; Miss Lottie M. Edy, Assistant Lady Superintendent Calgary General Hospital, Calgary; Miss Jessie M. Purves, Superintendent General Hospital, Portage la Prairie, Man.; Miss Etta N. Lane, Fisher Memorial Hospital, Woodstock, N. B.; Miss Helen G. B. Locke, General Hospital, Toronto; Miss Mary E. Stoart, Amasa Wood Hospital, St. Thomas, Ont.; Miss Mary A. Snell, Montreal Maternity Hospital; Miss Pollard, Homeopathic Hospital, Montreal; Miss Mabel Richards, Superintendent Miramachie Hospital, Newcastle, N. B.; Miss M. Murray, Superintendent Victoria Public Hospital, Fredericton, N. B.; Miss Whyte, Superintendent Moncton Hospital, Moncton, N. B.

Respectfully submitted,

HELEN RANDAL, Convener.

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#### REPORT OF NOMINATING COMMITTEE

The Nominating Committee of the Canadian Superintendents' Society beg to submit the following report, and also to state that it has been very difficult to secure the consent of members to allow their names to stand for office. Only those names with a star have as yet consented, and if others can be found to stand for these offices they will be glad to have other nominations. The others suggested will, I trust, accept this nomination and allow their names to stand, if at all pos-

sible; if quite impossible, may I suggest that they communicate directly with the Secretary, Miss Flaws, Wellesley Hospital, Toronto, before the 12th of June:

President, \*Miss Randal, Vancouver; First Vice-President, Miss Phillips, Montreal; Second Vice-President, \*Miss Johns, Winnipeg; Secretary, Miss Flaws, Toronto; Treasurer, Miss Hersey, Montreal; Councillors (three to be elected), Miss Gunn, Toronto; Miss Smith, Calgary; Miss Retallack, St. John, N.B.; Miss Watson, Yarmouth, N.S.; Auditors, Miss Catton, Ottawa; Miss Ellis, Toronto.

Respectfully submitted,

(MRS.) H. M. BOWMAN, Toronto.

(MISS) V. I. WINSLOW, Medicine Hat.

MABEL F. GRAY (Convener) Winnipeg.

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## REPORT ON STANDARDIZATION OF TRAINING SCHOOLS

Madam President and Members of the Canadian Society of Superintendents:

I have the honor to submit herewith the report of your committee on the standardization of Training Schools. Being empowered to choose my own associates, I requested the following ladies to serve: Miss Gunn, Toronto; Miss Flaws, Toronto; Miss Hersey, Montreal; Miss Snyder, Vancouver; Miss Smith, Calgary; Mrs. D. A. Stewart, Minette, Man.

I wish at this point to offer my grateful thanks for the kind co-operation and ungrudging assistance afforded me by this committee, and to acknowledge that any value this report may possess is attributable solely to their efforts.

If at any point they should disagree with my findings, I hope that they will promptly correct me. This committee has unfortunately been unable to come into personal contact with one another, and it has been my task to interpret the result of our enquiry as best I could.

I will ask at the outset, therefore, that you will blame me for the errors of judgment and infelicities of expression, which will be only too apparent as the report proceeds.

It is unnecessary for me to emphasize to this audience the need which exists for the standardization of training schools. It is brought home to us every day of our working lives. The problem grows more acute as time goes on, for every year sees an increase in the number of small hospitals, and every year makes the economic struggle for existence on the part of these hospitals more acute. One cannot blame them for being tempted to maintain training schools when they are hardly prepared to offer proper teaching facilities. The hospital is needed, sick people must be nursed, finances are at a low ebb, pupil nurses form a cheap and fairly efficient working force; it all leads to one easy solution, does it not? Start a training school. Anyone may *start* one; all that is necessary is to gather some sick people under a roof and call it a hospital.



No tiresome inspection of your educational methods is required. There are no impossible standards to which you must conform. There are no standards at all. You need not even put a graduate nurse in charge unless you wish. You just start a training school, and Providence and the patients do the rest.

That this state of affairs can exist in a country so advanced as Canada in educational matters is a crying shame. I will go farther and say that it is a disgrace to the nursing profession that we have made so little concerted effort to remedy it, for we could work out our own salvation if we would.

Let us see just what is involved when we speak of standardization of training schools. Possibly the following summary will form a rough sketch of what is in the minds of some of us:

(1) A required daily average of patients, not too high and not too low.

(2) A diversity of service sufficient to give experience in the main branches of nursing, or, failing this, suitable affiliation with other institutions.

(3) A proper and adequate provision for the pupils in the matter of food and lodging.

(4) A trained teaching personnel and a supply of teaching material.

(5) Such regulation of hours of duty as to allow time for theoretical work.

(6) A standard curriculum.

(7) A standardized system of training school records.

(8) Standardized admission requirements.

(9) Training Schools inspection by a competent nurse inspector under provincial auspices.

Can it truly be said that any, or even all, these standards are impossible of attainment?

I submit that they are not, and I base my opinion on the replies to the questionnaire sent out to superintendents in various parts of Canada by your committee. The result of that questionnaire will now be submitted to you.

The questions asked were as follows:

1. What do you consider the minimum daily average number of patients necessary to supply practice work for pupil nurses?

2. Have you any suggestion for the management of class work, when each class has a very small membership?

3. Would you be interested in experimenting with a curriculum especially framed to meet the needs of small hospitals, so as to gain a degree of uniformity?

4. Would you favor affiliation with other hospitals, so as to give your pupils the wider experience gained in a large hospital, and the spe-

cial training available in institutions maintained for the treatment of special classes of cases?

5. If in charge of a hospital of 100 beds or over, would you be willing to grant affiliation privileges to other schools?

6. In case of affiliation, how much time do you think it would be desirable for a pupil nurse to spend away from the parent school? During what period of the three-year training should she put in that time, and should she receive from the affiliated hospital remuneration at the pupil-nurse rates of the parent school, or that amount plus travelling expenses?

7. Could the resources of the local High School be utilized more than at present for teaching such subjects as physiology, hygiene, sanitation, dietetics and cookery?

8. Would it be desirable to ask for legislation requiring that every Training School provides a properly qualified instructress of nurses and a graduate night superintendent?

9. Would you favor Training School inspection by a competent Government official, preferably a nurse, on the lines of present common school inspection?

10. Would the hospitals be justified in requesting the Provincial Government to give a special grant towards expenses incurred by the education of nurses, such as the employment of Trained Nurse Teachers, etc.?

A total of forty-three replies were received, made up as follows: From Ontario, 21; Manitoba, 8; Saskatchewan, Alberta, 7; British Columbia, 7.

A large number of superintendents did not reply at all, but I feel that the leaven here represented will in time leaven the lump. It was especially interesting and inspiring to a small hospital woman like myself to note the interest displayed by the institutions of one hundred beds and under. Some of the answers received from the superintendents of small Training Schools showed earnest thought and courageous endeavor, even in the midst of discouraging circumstances.

A general resume follows:

(Q. 1), with regard to the number of beds requisite to the establishment of a Training School, there was a wide diversity of opinion. One superintendent thought two hundred and fifty should be the minimum, while another was modestly happy with five. The greater number thought a daily average of twenty-five or thereabouts should suffice, but the replies to this question were more irreconcilable than any of the others.

(Q. 2), as to suggestions for the management of class work, where the membership is small, did not elicit many replies. Several superintendents indicated, however, that this was an urgent problem with them, and said they would welcome advice as to its solution.



(Q. 3), regarding a standard curriculum specially framed to meet the needs of small hospitals, met with enthusiastic support in some instances, but others were dubious as to the advisability of such an innovation.

(Qs 4, 5, 6), with reference to affiliation, seemed to call forth more comment than any of the preceding. Almost without exception the small hospitals were in favor of broadening their training by this means. The attitude of the large Training Schools was sympathetic—cautiously so—but still sympathetic. The period of affiliation varied from one year to two months. The majority favored three months in the senior year.

(Q. 7), regarding the possibility of the High School being utilized, was not interpreted in the same way by all who replied. Some evidently thought that better High School preparation was under discussion, whereas it had been the intention to enquire into the possibility of the High School lending its laboratories for teaching the subjects mentioned and even providing a teacher.

The answers to Q. 8, regarding legislation compelling Training Schools to employ a graduate night superintendent, were almost unanimously in the affirmative. The majority, however, did not endorse compulsory provision of an instructress.

(Q. 9), regarding Training School inspection, was endorsed by 37 out of 43. Six went on record as opposing such a measure. One only of all the replies received suggested that a medical man would be preferable to a nurse inspector.

(Q. 10), respecting Government aid to Training Schools for the education of the nurses, called forth conflicting opinions. Some felt that this was an inappropriate time to ask for such aid; others felt that the Government would be very unlikely to grant such a request; others again thought that it was a forlorn hope, but worthy of consideration.

Judging from the gist of these replies as here set forth, it would appear that certain recommendations might be formulated with a view to crystallizing opinion and affording a basis for discussion. These are merely tentative and are in no way intended to be comprehensive or final. They aim only to point out that avenues by which we may approach the desired goal, keeping step, as it were, and not, as at present, an unorganized rabble:

- (1) Registration of nurses.
- (2) Inspection of training schools.
- (3) Development of affiliation.
- (4) A standard curriculum.

(5) Standardization of examinations, preferably by means of a board, of studies appointed by the provincial universities.

(6) Standard preparation of the superintendents of small hospitals along teaching lines.

(7) Frequent conferences of heads of training schools.

(8) A better system of training school finance.

There is not, I am sure, a dissenting voice among us as to the first proposition. Registration is the cornerstone; without it we can do nothing. No matter how they maul our bills in committee, we will come back for amendments armed with votes this time. Continual dropping will wear away a stone.

With regard to Training School inspection, we need enlightenment in our own ranks. Much depends on the personality of the inspector. Unless she measures up to her opportunities, she is worse than useless; she is a menace; but, no matter how good she may be, she cannot succeed unless we co-operate with her. And is there any real reason why we should not do so? A properly conducted school, no matter how small, has nothing to fear from inspection; and a badly conducted school requires inspection, and it needs reform if it is to be allowed to continue to train nurses. In all Training Schools there is need for improvement, and far be it from me to suggest that the small school is the only one that needs inspection. On the contrary; but we do need it more than the large schools, because there are more of us.

The standardization of examinations lies within the province of the committee on the standard curriculum, and it is not necessary to deal with it here.

With regard to our own preparation along teaching lines much could be said. Many of the replies received to our question on compulsory appointment of an instructress advanced the argument that an instructress would be superfluous when the superintendent is already available. I will ask those of you who, like myself, are captain, mate and bo'sun's boy of your respective institutions, what time you have to formulate curricula, to make lesson plans, to prepare for demonstrations? Have you not again and again had to postpone classes in order to attend to some detail of administration which admitted of no delay? Furthermore, not all of us can teach, and few of us are specially trained to teach. A suggestion in this connection was made on one of the questionnaires, and it seemed to me excellent, that certain small hospitals, strategically placed, should be used as Training Schools for superintendents, so that they might prepare themselves scientifically for their chosen work and not blunder along in the old-fashioned method of "trial and error."

But, when all is said and done, it is a question of economics after all. Miss Nutting, the head of the Department of Nursing and Health in Columbia University, one of our greatest authorities on the question of the education of nurses, contends that until the Training School is financially independent of the hospital we cannot hope for better educational standards. Boards of directors still fail to recognize their responsibilities to the pupils of the Training School. They mistake a student



body for a working force. The superintendents of hospitals have gallantly done their best to meet these lions in the path.

Slowly but surely "concessions" (save the mark) have been wrung from them. Better food, better housing, better hours (some of us are content to stop there)—but there is more—better teaching and more of it.

Here and now is the psychological moment to better training conditions. The country at large is socially awakened and the voice of organized labor is heard in the land. Once convince directorates that the only way to retain their pupil nurses as a working force is to treat them as a student body and the rest is easy. The hospital is dependent on the Training School and they know it; furthermore, there are on every directorate one or two who will realize your problem and sympathize with you, and will recognize that exploitation of pupils is uneconomic and unwise.

These young women come to us for training, trusting that we will keep faith with them. Are we going to be content to give them "experience" more or less meagre, more or less uncoördinated, scattered, fragmentary?—or are we going to co-operate with one another to devise a true system of education founded on sound principles and bound together with the spirit of unity and concord?

It is worth while, even though there be no tangible reward; for it is a strange and a wonderful thing to kindle a flame. I know of one discouraged superintendent engaged in the sad task of opening the morning mail, with its inevitable bills and complaints, who chanced upon a letter from a former pupil who had been appointed to a position of great usefulness, and who wrote to tell her old instructress of her good fortune and to thank her for helping to prepare her for her great opportunity. At the end of the letter were these lines of Kipling's:

Therefore praise we famous men

From whose bays we borrow—

They who put aside to-day—all the joys of their to-day

And with toil of their to-day—bought for us to-morrow.

This was the perfect tribute. The woman to whom it was given knew in her heart she was not worthy of it, but she had tried to be. Shall not we follow her good example?

Respectfully submitted,

R. INCLEDON JOHNS, R. N.,  
Children's Hospital of Winnipeg.

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Report on Training School Records—by Miss Gunn, Convener. Miss Gunn gave no regular report, but her work was presented in the form of lantern slides, given by the courtesy of the Royal Victoria Hospital, at the session Friday, June 15th. These photographs will be printed in the Canadian Nurse.

## REPORT ON CONSTITUTION AND BY-LAWS

## CONSTITUTION.

## Article I.—NAME.

The Association shall be known as The Canadian——

## Article II.—OBJECTS.

The object of this Association shall be the advancement of the educational standard of Nursing and the development and maintenance of the highest ideals of the Nursing Profession.

## Article III.—OFFICERS.

The Board of Directors of this Association shall consist of fifteen members, one of whom shall be a President, one a First Vice-President, one a Second Vice-President, one a Third Vice-President, one a Secretary and one a Treasurer.

## BY-LAWS.

## Article I.—MEMBERSHIP.

Section 1.—There shall be two classes of members: (1) Active; (2) Honorary.

Section 2.—Any Graduate Nurse interested in nurse education, and who is eligible for membership in the Canadian National Association of Trained Nurses, may become a member of this Association.

Section 3.—On women who have rendered distinguished service or valuable assistance to the Nursing Profession, and whose names have been recommended by the Board of Directors, Honorary Membership may be conferred by unanimous vote at any general meeting.

## Article II.—DUES.

The Annual Fee for Active Members shall be three dollars, payable in January of each year.

## Article III.—MEETINGS.

The meetings of the Association shall be held at the time and place decided upon by the Board of Directors.

## Article IV.—ELECTIONS.

Section 1.—The officers of this Association shall be elected at the general meeting by ballot.

Section 2.—The President and Secretary shall hold office until the adjournment of the general meeting following that of their election.

Section 3.—In case of a vacancy in any office, the President shall appoint a member to serve until her successor is elected.

Section 4.—A majority of those present, entitled to vote and voting, shall constitute an election.



## Article V.—DUTIES OF OFFICERS.

Section 1.—The President shall preside at all general meetings, and shall be ex-officio a member of all committees.

Section 2.—In the absence of the President, the Vice-Presidents shall, according to their rank, perform the duties of the President.

Section 3.—The Secretary shall keep a correct record of all meetings of the Association, notify members of all regular and special meetings, notify officers of their election, committees of their appointment, keep a correct list of names and addresses of members, send a summary of business transacted at each meeting of the Board of Directors to the Directors not present at the meeting, and have the custody of all important papers. She shall turn over to her successor, within one month after the annual meeting, all Association property in her possession.

Section 4.—The Treasurer shall collect all fees and dues and notify members of unpaid dues. She shall keep a strict account of all funds received and expended and render a report at the regular meeting of the Board of Directors and the Association. The books and accounts shall be audited by an expert accountant. No bill shall be paid by the Treasurer until countersigned by the President or her representative. The Treasurer shall keep the funds of the Association in a bank designated by the Board of Directors and in the name of the Association. She shall turn over to her successor within one month after the annual meeting all Association property in her possession.

## Article VI.—BOARD OF DIRECTORS.

The Board of Directors shall be the Executive Committee, who shall convene at the call of the President.

## Article VII.—A QUORUM.

Section 1.—A quorum shall be the number of members present at any general meeting.

Section 2.—Three members of the Board of Directors shall constitute a quorum.

## Article VIII.—STANDING COMMITTEES.

Section 1.—All Standing Committees, with the exception of the Nominating Committee, shall be appointed by the Board of Directors following the adjournment of the general meeting.

Section 2.—The Programme Committee shall consist of five members; it shall prepare and arrange for papers and discussion for the annual meeting, and, in conjunction with the Executive Committee, complete the programme for the entire session.

Section 3.—The Committee on Arrangements shall consist of not less than five. The chairman of this committee shall be a resident of the city in which the general meeting is held.

Section 4.—The Publication Committee shall consist of three members, one of whom shall be the Secretary and one the editor of the "Canadian Nurse."

Section 5.—The Nominating Committee shall consist of five members, the convener appointed by the President and four appointed by the Association. The duties of this committee shall be to prepare a ticket of nominations, consisting of at least two nominees for each office and twelve nominees for Directors. Each member nominated must be willing to serve if elected.

#### Article IX.—CHAPTERS.

Section 1.—This Association shall encourage the formation of local branches, known as Chapters of the—

Section 2.—Members wishing to form a Chapter of this Association shall apply to the Board of Directors. All members resident in the proposed territory shall automatically become members of the Chapter when organized.

Section 3.—The officers of a Chapter may consist of a Chairman, Vice-Chairman, Secretary and Treasurer.

Section 4.—The Chapters may appoint standing committees to deal with local matters in accordance with the object of this Association. They shall refer all business of national interest to the Board of Directors of this Association.

Section 5.—The Chapters may not affiliate with any other organization.

#### Article X.—AMENDMENTS.

These By-laws may be altered or amended at any general meeting of the Association, or at any special meeting called for that purpose, provided notice of proposed change be mailed to each member at least thirty days before said meeting. That the name of this organization shall be "The Canadian Association of Nursing Education."

Section 2.—The President and Secretary of this Association shall hold office for a period of two years. The remaining officers and directors shall hold office until the adjournment of the general meeting following that of their election.

Your committee wish to suggest that for this year the President be appointed to act for one year and the Secretary for two years, so that in future the President and Secretary will fall out on alternate years.

Respectfully submitted,

E. MACP. DICKSON, Convener.





# Report on Training School Records

(Miss Jean Gunn)

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NAME OF HOSPITAL

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## MONTHLY REPORT OF THE PUPIL NURSE

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Date.....

Name.....

Ward..... Class.....

Thoroughness in Work.....

Interest Displayed.....

Powers of Observation.....

Punctuality.....

Nature of Surgical Technique.....

General Attention and Kindness to Patients, Disposition.....

General Deportment and Behavior.....

Executive Ability.....

Strong Points and Weak Points in Character and Work.....

Has she been corrected?.....

General remarks and improvement, if any.....

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Head Nurse.

# MONTHLY RECORD

First Year

HLNOW

SECOND YEAR

REMARKS:

A card similarly arranged is provided for Second and Third Year Students.



NAME OF HOSPITAL  
SCHOOL FOR NURSES

STUDENTS' HISTORY CARD

Name	Date of Entrance
Address	Date of Graduation
Name of nearest relative	
Address of nearest relative	
Date of birth	
Religion	
Summary of Preliminary education	
Report of Physical Examination at Close of Probation Term	
Name of Examining Physician	
Standing in practical work:	Date of Physical Examination
Preliminary Term	Standing in Theory:
First Year	Preliminary Term
Second Year	First Year
Third Year	Second Year
Qualifications:—Thoroughness in work	Third Year
Adaptability	
Observance of rules	
Executive ability	
Strong or weak points in character	
General remarks:	Special Training
Permanent home address	

NOTE:—If the Student resigns or is dismissed from the School for Nurses, full information must be entered on this card.

# RECORD OF INSTRUCTION AND EXAMINATION

## SUMMARY OF PRACTICAL WORK

SUBJECTS	Instructor	YEAR				Standing in Examinations	DEPARTMENTS	YEAR			Summary of Monthly Reports
		Preliminary	1st	2nd	3rd			Preliminary	1st	2nd	3rd
Practical Nursing—Prelim'ry 2nd year 3rd year							Medical Surgical				
Anatomy and Physiology							Gynaecological				
Hygiene and Sanitation							Eye, Ear, Nose and Throat				
Bandaging							Obstetrical				
Chemistry							Out Patients				
Materia Medica—Prelim'ry							Out Patients (Clinic only)				
Materia Medica							Surgical Supplies				
Ethics							Children				
Dietetics							Emergency				
Bacteriology							Admitting				
Urinalysis							Social Service				
General Medicine							Semi-Private				
Surgery—2nd year 3rd year							Private Pavilion				
Gynaecology							Night Duty				
Anesthesia							Operating Room				
Infectious Diseases							Diet Kitchen				
Nursing in Tuberculosis											
Massage											
Obstetrics—Classes											
Lectures											
Dermatology											
Mental Diseases											
Eye											
Ear, Nose and Throat											
Medical Social Service											
Diseases of Children											
Infants' Feeding											

NOTE—Total number of days on duty in each department to be entered.

### RECORD OF TIME OFF DUTY

Vacation	1st Year	Date	No. of Days
	2nd Year	Date	No. of Days
	3rd Year	Date	
Illness—Date	Diagnosis	Cause	
Absent—Date		Character	
Special Discipline			

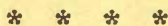
Time made up—Total No. of days



## Editorial



Among the features of the convention of the Canadian Association of Nursing Education, held in Montreal, none was so well received as the Round Table. This year more time had been set apart for this, but even then the interest displayed was so great and the opportunity to talk over the problems that each one of us encounters in her professional life, with others who may have had a clearer vision was felt to be so valuable that not half the questions could be taken up. There is no doubt to many of us that discussions, and not the formal papers and addresses, will be the feature of the coming conventions. One of the criticisms often heard of conventions by those who do not attend is: "We can read all this in any good nursing magazine," and if that is all one expects to get out of a meeting of representative nurses from all over our Dominion then perhaps that will satisfy that type of nurse. We hope to print some of the discussions of the "Table" in later issues.



It seems strange in these days, when the benefits of a carefully worded Act of Registration can be compared with one where the whole plan of nurses' registering has been ruined by a weak compliance with the spirit of compromise, to see the South African Nursing Record state that the new Medical Bill, which affects nurses and midwives, as it stands, "is a good bill and is quite the biggest advance that has yet been made in professional organization." "The existing Medical Councils are to be abolished and a South African General Medical Council formed, consisting of twelve medical men and three dentists. The Minister of the Interior has not seen fit to accede to our request for nursing representation on the Council, though we have seen no fair argument against it, and such a privilege seems to us to be only just." "We do not think that in all the world there is a parallel case of a bill so complete, so protective and so just." The British Journal of Nursing, in commenting on this statement and comparing it with the clauses of the Bill, says: "We are sorry, after reading the clauses of this Bill, to differ from our contemporary, as it is usually so liberal and straight on nursing affairs, but this Bill does not only exclude the Nursing Profession in South Africa from any representation on the proposed governing council, but actually provides for granting certificates to, and registering, midwifery attendants and nursing attendants (if it sees fit) of a grade different from those required for certified midwives and trained nurses, entitling them to practise under the supervision of medical practitioners. This 'privilege' means depreciation of efficient midwifery and nursing standards and an attack upon the economic condition of registered midwives and nurses,

and, as members of both these professions are excluded from any power of control concerning their own affairs, it is bound to produce endless dissatisfaction and, maybe, injustice." To call this a "Bill so complete, so protective and so just," sounds like sarcasm to those of us who feel that the nursing profession is quite capable of governing our own profession, and to beg, with uplifted hands, to be spared such "protection."

\* \* \* \*

Summer is always an unsettled time for the nurse, as well as for everybody else, but, now that we have settled down to the winter's work, will each Canadian nurse please make a special effort to help her journal? As, you see, the personal items are few this month. Subscriptions have also been conspicuous by their absence, and still the expenses go on. Below you will find a little information which may help you and the Editor. So many do not remember to fill out the renewal form which always accompanies the expiry slip, and consequently are cut off the list, losing the issues till the money is sent for the year.

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#### *THE CANADIAN NURSE AND HOSPITAL REVIEW.*

*Owned and Published by the Canadian National Association of  
Trained Nurses.*

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#### To the Subscriber:

With this issue begins the second year of the magazine under the nurses' ownership. Owing to increased cost of production, the C. N. A., in the Montreal convention, decided to increase the price to \$2.00 a year, beginning with the September issue. Single copies will now be 20 cents a copy; club rates, \$1.50 for each subscriber, when ten or more are sent in by one person at one time. When you receive the expiry slip, your subscription expires with that issue. Fill out the blank, enclose stamps, money order, either post or express, and mail within the next ten days, so that you will not miss the next number. When sending your subscription, please be patient if there is a little delay in receiving your first copy. Mention issue with which subscription is to begin. We cannot start with back numbers. If the current number is sold out when your order is received, we will begin your subscription with the following issue. If your magazine does not reach you by the first of the following month (the magazine is mailed for the current month on the 15th of each month), please notify us at once. Mention last issue received and number of your receipt. Please let us know as soon as possible of any change of address. We cannot make a change of address on our list unless you give the complete old address, as well as the new one. It also helps if you also mention the date you subscribed. Advertising rates may be had on application. An appeal is made to every nurse to give this journal



her heartiest support; she can help in many ways—by subscriptions, canvassing for advertisements, by mentioning the “Canadian Nurse” when she patronizes our advertisers, and by sending material of all kinds to the Editor for publication. We are carrying this, the only nursing journal in Canada, through hard times, and we need each nurse to feel that this is indeed her own journal, and that she, with the officers of the C. N. A., is responsible for its production and maintenance. With all giving a helping hand, the thing is accomplished, but the few cannot carry the burden alone, nor is it fair to ask it of them. The Editor extends thanks to all the many nurses who, through the first year of finding her way, helped in so many ways. May she count on many more taking the *personal* interest?

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Miss F. M. Shaw's paper: “Work being done in Montreal in connection with the Patriotic Fund,” and “Work with the Baby Clinic,” by Miss Forsythe, Toronto, will be published in later issues of the *Canadian Nurse*.

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### THE SPIDER'S THREAD

The nurse lays a white hand under the cover:  
 The pulse of the patient is feeble and slow.  
 There's sun in the room,  
 And a little gray spider  
 Is floating a web up, and wafting it over.  
 While there where the breeze makes the distance seem wider,  
 The silken thread trembles in longing to go.

A white face lies back with a sigh on its pillow;  
 The eyeballs are weary and daylight's aglow.  
 There's noon in the room,  
 And a little white spider  
 Sits watching the wind, that in myrtle and willow  
 Will ambush till night fells the gay golden rider  
 Who baffles the thread that is waiting to go.

A sheeted form lieth in silence—a mourner  
 Sighs out a lone wail to the embers below.  
 There's dark in the room,  
 And a little black spider  
 Spins busily up in a far distant corner,  
 Where winds stretch the strings of night's sombre bow wider,  
 The silken thread caught where it wanted to go.

—*Boston City Hospital Nurses' Alumnae Quarterly.*



## Chief Superintendent's Annual Report, 1916

(Continued from last month)

The Lady Minto Hospital at Melfort has had a splendid year and reports the financial showing of the institution good. Miss Gertrude Sarney, who had filled the post of Matron so very ably for four years, resigned and is now in charge of the new Lady Minto Union Hospital at Edam. The Queen Victoria Hospital at Yorkton has had a good year, as usual.

The Hyde Park district has done splendid work. The nurse resigned to be married, and up to the present we have not been able to fill the vacancy. Paynton, too, is still vacant. The Fairlight, Enfield, Jedburgh and Meota districts are doing well. The Enfield Committee have built a very attractive little Nursing Home at Central Butte, which will be opened in the near future. I wish to read a letter from the doctor in this district which is illuminating:

"Central Butte, Sask., Jan. 16, 1917.

"Dear Madam:

"It gives me pleasure to report on the work of the Victorian Order of Nurses in this district, since the organization of the Enfield Local Association and the arrival of your nurse, Miss Adams, about a year ago. As a medical practitioner, attending over fifty cases with the trained assistance of Miss Adams, both surgically and medically, I wish to state that we, in this district, cannot feel too grateful towards your organization for the work already done. This Association is doing a great work and in a locality where the care of a trained nurse is urgently needed. There are, however, many hardships with which a nurse on the prairie has to contend, but in such a district the work of a nurse is all the more needed and appreciated, both by patient and physician. Nurse Adams has proved herself both able and willing to cope with all these difficulties, is very proficient in her work and very self-sacrificing and attentive to her



patients, both rich and poor alike. As a medical doctor, I wish to state that, if the work of your nurse here is a criterion of the work of your Order all over Canada, your Order is one which should have most enthusiastic support by all, so that your trained nurses may be sent to hundreds of districts where the sick are suffering and even dying for the need of good care during illness. To the patients, nurses' care is most important, and to the physician, in many cases so far away that only occasional visits can be made, their assistance is most important to carry out his treatment efficiently. Your Victorian Order Nurses are doing this noble work, and I believe in places where the work is most needed, as it has been in this district.

"Yours sincerely,

(Signed) P. L. STRAITH, M. D."

In Alberta we have five branches; Districts at Calgary and Edmonton, hospitals in affiliation at High River and country districts at Cereal and Rollinson. The Calgary District has had a good year; a second nurse has been added to the staff, and increases are reported. Edmonton has had a very busy year. This branch is paying special attention to Child Welfare work, one nurse being employed specially for that branch of the work. The country district at Cereal is doing well. The district was without a nurse for a time, but now has one. The Rollinson district has been very satisfactory and the nurse is thoroughly appreciated. In Alberta, besides, we have two hospitals, one at Islay waiting to be opened, and one at Edson, which was finished the year the war broke out and has not yet been opened. Both are in districts where hospital care would be a boon to the people. Lack of funds keeps them closed.

In British Columbia there are fourteen branches: District at Vancouver, North Vancouver, South Vancouver, Kingsway, Burnaby (including North Burnaby), Richmond, New Westminster, and Victoria, and hospitals at Revelstoke, Chase, Kaslo, Ashcroft, Quesnel, and Ganges, Salt Spring Island.

(Continued in next month's issue)

\* \* \* \*

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.



## **The Canadian Nurses' Association and Register for Graduate Nurses, Montreal**

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.

Second Vice-President—Miss Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Club Room, 638a Dorchester Street West.

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### *The Nurse's Library*



Cancer, Its Cause and Treatment, Vol. II, by L. Duncan Bulkeley, A. M. M. D., Senior Physician to the New York Skin and Cancer Hospital, New York, etc. Paul B. Hoeber, New York. Price, \$1.50.

The first volume of Dr. Bulkeley's work on cancer was published two years ago, in which he stated his theory that cancer was caused by a disturbance of metabolism, largely the result of an oversupply of animal proteid food. In this volume he gives very clear directions to those suffering from this too common and dread disease as to diet and treatment. The book is written for physicians, but there is such a masterly simplicity in the absence of technical terms that it is of the most intense interest to anyone who wishes the latest information and help on this problem of the medical world to-day. In the treatment the author considers the most important thing is to arrange as far as possible that the diet shall not consist of nitrogenous food, and to eliminate such matter from the system. He prescribes a diet almost entirely vegetarian, with the exception of butter and the use of certain drugs. He has had great success along these lines, and his book certainly gives hope to the victims of this disease, particularly if not of too long standing. Very complete dietaries are given and the medical treatment clearly indicated.

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State Board Questions and Answers for Nurses, \$2.50; compiled and edited by John Foote, M. D., Assistant Professor of Therapeutics, Georgetown University Medical School, and Paediatrist to Providence



Hospital, Washington, D. C. Published by J. B. Lippincott Co., Philadelphia, and London, Canada. J. B. Lippincott Co., 201 Unity Building, Montreal.

This book will be found of the greatest value to teachers in Training School and to the busy superintendent who has the teaching of the nurses and the dread examination papers to prepare, as well as to the graduate preparing to take her registration examination. The questions have been taken from actual State papers in thirty-one States, giving in a condensed form the general type of questions asked by these Boards. It is a valuable guide to the student.

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Vocational Mathematics for Girls, by William H. Dooley. Cloth, illustrated, \$1.28. D. C. Heath & Co., Boston, Chicago and New York.

This book is along a rather new line in the teaching of mathematics outside of regular vocational schools. The author has had much experience in both vocational and industrial schools. The mathematics is of the sort that nurses need, as well as every other girl. One section is devoted to arithmetic for nurses, and anyone who has had to deal with the nurses who come to us from the High Schools have a very real knowledge of just how little the arithmetic and other mathematics is put to any practical use when "solutions and metric system" is on the day's programme for the class.

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Florence Nightingale as Seen in Her Portraits, by Maude S. Abbott, B. A., M. D., McGill University, Montreal. Illustrated, paper cover, 75 cents; cloth, \$1.00.

This book is a brief story of Miss Nightingale's life and is fully illustrated. There is an introductory note taken from an address which Dr. Abbott gave to the Harvard Historical Club. This book has special features which should bring it to the attention of Canadian nurses, as the entire proceeds of the sales are given to the Canadian Red Cross Society. Those desiring this book should apply to Miss Helen DesBrisay, 638-A Dorchester St. W., Montreal, or to Dr. Maude Abbott, McGill University, Montreal.

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Handbook of Anatomy for Students of Massage, by Margaret E. Bjorkeson; second edition, illustrated. Price, cloth, 5s. net. Balliere, Tindale & Cox, Covent Garden, London, England.

In these days of the increased need of an accurate knowledge of massage in the extensive field, particularly of military work for the wounded soldiers, it is most necessary that a good textbook be provided. This is, I believe, the first book written dealing with Anatomy specially arranged for students of Massage, and should be of great value to them.

The Treatment of Emergencies, by Hubley R. Owens, M. D., Surgeon to the Philadelphia General Hospital, Assistant Surgeon to Medical Reserve Corps, U. S. Navy, etc., 12 mo., Vol.; illustrated; W. B. Saunders Co. (J. F. Hart Co., Canadian agents). Cloth, \$2.00.

The preface to this book tells its own story better than the reviewer can. "I was unable to find a book on First Aid or the Treatment of Emergencies in which the principles of and the reasons for the application of first-aid dressings were fully discussed. I have examined hundreds of students of first aid who could do the practical work and answer examination questions in a poll-parrot manner, but who had no idea of the underlying principle of the dressing and the reason for a particular method of application. The criticism of the book may well be that it is too technical for the layman, and that many procedures recommended would be too dangerous for him to undertake. My defence as to this criticism is that unless a person wishes to become well versed in the treatment of emergencies it would be wise not to undertake the subject at all. The mere tyro in first aid is the one who usually comes to grief, and many of the manuals on first aid still leave their students tyros because they fail to teach those most necessary underlying principles."

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## Hospitals and Nurses



### NEW BRUNSWICK

The graduating exercises of the Moncton Hospital were held at the hospital June 29th, 1917. The following nurses graduated: Misses Alice E. Martin, who is at present at the James H. Dunn Hospital, Bathurst; Grace E. Myles, Lillian Warman, Gertrude McK. Murray.

Miss Elizabeth Brittain, St. John Public Hospital, is in Halifax, en route for overseas.

The annual meeting of the New Brunswick Association of Graduate Nurses was held in St. Stephen, July 10, 1917. About thirty-eight nurses were present, including the twelve who make up the council. The President, Mrs. Branscombe, was in the chair. After the roll was called, the minutes of the proceeding and all previous meetings of the year were read and adopted. The President gave an address of welcome, which was responded to by Miss Whyte. The Treasurer's report, read and adopted, and also that of the Secretary, who reported thirty-nine new members during the year. Important subjects were discussed at the meetings, and a uniform fee for the province adopted. This is \$18 a week for general nursing and \$21 for infectious cases, to come into force August 1st, 1917.



The following officers were elected: President, Miss Gertrude Williams, St. John; First Vice-President, Miss Marion Hanson, Fredericton; Second Vice-President, Miss Corbett, Moncton; Third Vice-President, Miss A. A. Whyte, Bathurst; Treasurer, Miss Emma Mitchell, St. John; Recording Secretary, Miss M. Retallick, St. John; Corresponding Secretary, Miss Ada Burns, St. John; Provincial Registrar, Mrs. Mabel Richards, Newcastle; Council, new members, Mrs. Vaughan, Miss Holt, St. John, and Miss Branscombe, St. Stephen.

At the end of the sessions the physicians entertained them at dinner at the Algonquin Hotel. Lieutenant-Governor Ganong accompanied the party.

\* \* \* \*

### ONTARIO

A most enjoyable afternoon was spent recently at Lakeside Home, Toronto Island, where Miss Potts, Superintendent of the Hospital for Sick Children, entertained the graduates of that hospital who are now at the Military Base Hospital, Gerrard street, Toronto.

Miss Kinder and Miss Farquarson, of the Hospital for Sick Children, attended the convention of the C. N. A. and the Canadian Association of Nursing Education in Montreal.

The following nurses, graduates of the Hospital for Sick Children, have gone overseas recently: Miss Annie K. Pears, with the Q.A.M.N.S.; Misses Marion Piggott, Irene Davidson, Lily R. Harris and I. Bradley, with the C.A.M.C. The following nurses are still at the Military Base Hospital, expecting to be transferred overseas shortly: Misses Jean Weatherstone, Helena M. Daly, Muriel Davies, Ethel M. Darby, Ivy Anderson, Mary E. Aitkens, Mary Burgess and Marjorie Gardiner.

\* \* \* \*

### BRITISH COLUMBIA

Miss Norma Walker (W. G. H.) has resigned her position as Assistant Superintendent at the Nanaimo General Hospital and expects to leave shortly for active service overseas.

Miss M. A. Lewis, of Chilliwack (Paddington Hospital, England), has been appointed Superintendent of the Nicola Valley Hospital, Merritt, B. C.

Miss Musselman (V. G. H.) has left Vancouver to take up her duties as Superintendent of a hospital near Edmonton.

The engagement is announced of Nursing Sister Margaret Mary (Peggy) Rose (V. G. H.) to Captain G. W. McIntosh, of the 72nd Canadian Seaforth's. Miss Rose was presented in February with the Royal Red Cross. She has been overseas since January, 1915.

Miss Lawson (Seattle General Hospital) has been appointed on the school nursing staff of Vancouver.

Miss MacLeod, Supervisor of the Military Annex to the V. G. H., is in Calgary on her vacation. Miss Drainie (Roosevelt Hospital) is acting Supervisor.

Miss Arthur has returned to Vancouver after a year spent at her old home in Prince Edward Island.

Miss McKnight, Superintendent of Anyox Hospital, spent her vacation in Vancouver.

Miss Mary Bond has gone East for an extended visit.

Miss Jessie Beattie has recently arrived from Honolulu to take up private nursing in Vancouver.

Miss Ewing is supplying for three months at the Anyox Hospital.

Miss Lillie Fogg, till recently dietitian at the R. I. H., Kamloops, has returned to Vancouver.

Miss Minnie Gordon has been visiting in Edmonton.

Miss McCartin (V. G. H.) has returned to Vancouver after taking a course in massage at the Pennsylvania Orthopedic Hospital, Philadelphia.

The many friends of Miss Roycroft are glad to see that she is recovering so completely from her recent illness.

Miss Blair, charge nurse of the Eye and Ear O. R. W. G. H., is spending her vacation in Vancouver.

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### Births

WETMORE—To Mr. and Mrs. C. B. Wetmore, in June, 1917, a daughter, Bessie Mauretta. Mrs. Wetmore was Miss Bessie Snell (G. P. H.), St. John, N. B.

WEBSTER—At Vancouver General Hospital, August 9th, 1917, to Dr. and Mrs. A. V. Webster, a daughter. Miss Webster was Miss Charlotte White, graduate of the R. V. H., Montreal.

### Marriages

LEONARD-STENTIFORD—On August 1st, at Seattle, Miss Rhoda M. Stentiford (V. G. H.) to Dr. Eugene T. Leonard.

WEIS-ROLPH—At St. Paul's Church, Toronto, on June 13th, 1917, Adela Grace, daughter of Mr. Frank Rolph, to Mr. Herman Weis, of Holyoke, Mass.

CLARKE-McDONALD—At the home of her mother, William street, St. Thomas, on June 26th, 1917, Jessie Gilmour, daughter of Mr. John McDonald, to Dr. Thomas Crossan Clarke, of Dundas, Ont.

GRIEVE-ALLEN—On Wednesday, August 1st, 1917, in Knox Church, Alliston, Ont., by the Rev. M. F. Cree, Mildred Clarissa, only daughter of Mr. and Mrs. James Allen, to Dr. George W. Grieve, Toronto. Miss Allen is a graduate of T. G. H., 1907.





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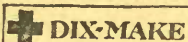
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## Told Patient He Would Soon be Dead

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Nursing Sister Mabel Joice, honor graduate of the Western Hospital, Toronto, who is among the Canadian Nursing Sisters in France, and is now at Hospital No. 41 Militaire, Lisieux, Calvados, France, in a letter to a cousin in Cobourg tells some very interesting stories of her work. Speaking of the difficulty which the Canadian nurses experience in not being able to speak French, she says:

There is always something happening even in our busiest days to make us laugh, that is, if one has any sense of humor whatever. One of the Sisters who had been in France but a short time, and was struggling with the language like the most of us have to do in an attempt to console a patient who was too unduly concerned about his condition, said to him: "Don't worry, you will be dead to-morrow." Of course she was quite sure that she was saying: "Do not worry, you will be better to-morrow." The words "better" and "die" are not unlike, but she pronounced her word wrong. She greeted him with the same words three different mornings in succession and could not understand his agitated attitude after her message of cheer. However, after the third offence, the mystery was explained, but furnished a good joke for everyone.

Describing the hospital, she says that it is about three hours' journey from Paris, in a quaint old village. It is not a large hospital, only being about three hundred beds, but the work is much better than we had at Bordeaux, being so much nearer the firing line. We do not keep the patients here very long. We get them quite directly from the front, and when they are able to be moved they are sent on to another hospital. Just now we are rather slack again, but for the past two weeks have been awfully busy. You can imagine somewhat the nature of the work when we were doing pansements (surgical dressings), from 8 a.m. until 6 p.m., and just taking a short lunch hour. There is a very good system here for doing the dressings. While we dress their wounds the orderlies make their beds up fresh, which means that each day the patients have their mattresses turned and a fresh bed, which insures a good rest, and one gets the dressings done much quicker than if we had to take our dressing chariots around the salle. One day one girl and myself dressed sixty-six patients, and there is hardly a man who has only one wound. The majority of them have two and some five and six. They are splendid patients and bear their sufferings bravely, always manifesting a cheerful spirit.

I have just been back on duty three weeks after three weeks' holidays. I did so thoroughly enjoy it, for I was up at a Canadian hospital in the north. I know a number of the doctors and nurses, and the whole camp did their best to give me a good time. Why, they even tried to make quite a heroine of me because I had been altogether with a foreign people for so long a time. You do not know how I enjoyed being with Canadians again. Needless to say, I felt extremely lonely coming back to



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this quiet village where it is a case of "parlez vous Francais" or say nothing, and the one is about as difficult as the other for me, but war time is not the time to think of being lonely, so I will have to dismiss it from my mind.

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## A Hospital Managed by Women

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One of the most interesting phases of women's work which I saw in France was that of the Scottish Women's Hospital Association, at the Hospital at Royaumont, where I was glad to find we had a Canadian ward, with a Canadian flag on the walls.

The Hospital is entirely managed by women; the surgeons, the nurses, the orderlies, the chauffeurs operating the motor ambulances are all women. The hospital building is the old Abbey and the Canadian ward was the old refectory—a beautiful Gothic hall. The women in charge have the real sense of the artistic as well as of the philanthropic. On every cot there was a bright red blanket, and the bright red blankets presented a most pleasing contrast with the grey walls of the refectory. Each soldier, as he convalesces, and is able to go about the grounds, also wears a bright red coat, and the contrast of the coats of the patients with the green of the beautiful park surrounding the Abbey make a very pleasing scene. In this hospital I saw a number of the French Colonial troops, the great, powerful Singalese, the blackest men one can see, side by side with the Tunisian Arabs, spare and agile. As the hospital is near the front, many of the most serious cases are taken to it. It was a very interesting and touching sight to see these wounded soldiers of France, men of Africa, of the Mahommedan faith, being brought back to life and health by the skill and tender ministry of the Christian women of Great Britain.

The marvellous spirit which France has displayed in this war and the wonderful achievements of the French soldiers have only been made possible by the heroism, the devotion and the self-sacrifice of the women of France.—Hon. N. W. ROWELL, in *Woman's Century*.

---

### BEFORE THE ATTACK

When the men are drawn up in half platoon,  
And the constant din makes your reason swoon;  
When your mouth is dry, and there's a funny twist  
At the pit of your stomach, and you clench your fist—  
Then the only prayer that you need to pray  
Is—God give strength to a coward to-day.



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THE NAMELESS GRAVES

---

Unnamed at times, at times unknown,  
Our graves lie thick beyond the seas;  
Unnamed but not of Him unknown—  
He knows!—He sees!

And not one soul has fallen in vain.  
Here was no useless sacrifice.  
From this red sowing of white seed  
New life shall rise.

All that for which they fought lives on,  
And flourishes triumphantly;  
Watered with blood and hopeful tears,  
It could not die.

The world was sinking in a slough  
Of sloth, and ease and selfish greed;  
God surely sent this scourge to mould  
A nobler creed!

Birth comes with travail; all these woes  
Are birth-pangs of the days to be.  
Life's noblest things are ever born  
In agony.

So—comfort to the stricken heart!  
Take solace in the thought that he  
You mourn was called by God to such  
High dignity!

JOHN OXENHAM, in *Nursing Journal of India*.

---

The teacher had recited "The Landing of the Pilgrims." Then she requested each pupil to draw from imagination a picture of Plymouth Rock. Most of them went to work at once, but one little fellow hesitated, and at last raised his hand.

"Well, Willie, what is it?" asked the teacher.

"Please, ma'am, do you want us to draw a hen or a rooster?"

---

First Artist—I received a magnificent tribute to my skill the other day at the exhibition.

Second Artist—Indeed! what was it?

First Artist—You know the picture, "A Storm at Sea?" Well, a man and his wife were looking at it, and I overheard the fellow say, "Come away, my dear; that picture makes me sick."—*Chicago Herald*.



### THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO

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# THE CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

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VANCOUVER, B.C., OCTOBER, 1917

No. 10

## \*Child Welfare Clinics

(Miss Forsythe)

*(Read at the Convention of the Superintendents of Training Schools)*

Infant mortality is to-day one of the great national, social and economic problems. The future of every nation depends on its children, their physical, intellectual and moral strength. If the infants die, there will be no children to educate. Formerly, and in fact only till recent years, it was considered that the nation with the highest infant mortality was the most fortunate. How frequently one hears the assertion that delicate infants should not live, that efforts directed along this line are futile, and that hospitals erected for the saving of these delicate children are but misguided pieces of philanthropy, and in fact some go as far as to state that such measures are more or less a perversion of medical science and that it interferes with the law of natural selection, which is the survival of the fittest. One has but to consult the biographies of many of the scientists of the world to contradict these dis-illusioned and unfounded impressions. Most of those who in infancy are regarded as physically unfit were healthy at birth and merely the victims of bad environment, improper feeding, and neglect; in short, conditions which it is quite possible to remove.

It is barely forty years since the new interest in the lives of infants became manifest. This has come about partly through a growth in humanitarian ideas regarding the value of infant life, which has been accomplished by a desire to ameliorate social conditions upon which a high infant mortality depends. This was first felt by individuals, but soon came to be appreciated by municipalities and finally by states and nations. Together with the growth of the humanitarian idea has been the development of sanitary science and preventive medicine and the great advance in our knowledge of the diseases of children, which made it possible to check to some degree at least the enormous infant death rate which had continued almost since vital statistics were first kept.

In 1892, Budin, of Paris, was struck with the frequency with which it was found that when mothers returned to the clinic for a second pregnancy the first child had died, though both had been discharged from the hospital doing well. All kinds of faults had been committed, possibly,

\* By permission, these excerpts have been taken from a paper by Dr. Alan Brown, Toronto, Ont.



instead of continuing to nurse the child, the mother had put it on the bottle or it had been given cabbage or soup, or even fed on solid food. In fact, anything might have taken place, the result of ignorance co-joined with superstition. Budin determined thereafter to have these children under constant supervision directly after birth, and the consultation for nurslings was established. The results were remarkable; out of 716 babies but 26 deaths took place; of these 26 deaths but 1 of gastrointestinal trouble. Similar consultations have been instituted all over the world with like gratifying results. The baby is the citizen of the future, and his rights we cannot afford to neglect. In fact, one well-known writer claims that the care of the child is the index of civilization, and infant mortality the most sensitive sign we possess of social welfare. Careful students of the subject of infant mortality have estimated that from 30 to 50 per cent. of all infant deaths are preventable, hence our stimulus to finding a remedy.

The system of Child Welfare Clinics established in Toronto by the Department of Public Health is of course not original. It has probably a few modifications from that of other places. There are at present 22 such clinic centres situated throughout the city. In 1916 there were 822 clinics held, with a total attendance of 13,715 babies, being an average attendance of 17 babies at a clinic.

There are many things which we feel sure have contributed to the success of our clinic work; the main thing being the close coöperation with the Hospital for Sick Children. Our standard of efficiency is maintained only through this coöperation. The Director of the Division of Child Hygiene of the Department of Health, who is also on the staff of the Hospital, appoints all clinic physicians, and requires that they take preliminary instruction under his direction at the Hospital in the care of young infants and children to six years of age, and to continue to attend a weekly post-graduate clinic at that institution. He also arranges an annual course of lectures and demonstrations to the entire staff of nurses who are doing the clinic work and home visiting. Constant education of the nurses is absolutely essential, and, in addition to the lectures mentioned, discussion groups are held from time to time in the District Stations. These are organized by one of the nurses, whose appointment must be approved by the Superintendent of the Children's Hospital. This nurse, stationed in the Hospital, is in close touch with the Director of the Division of Child Hygiene and the Hospital authorities, and, with an assistant, arranges for all necessary follow-up work from the wards and out-patient department.

The Child Welfare Clinics are, as it were, outgrowths of the Children's Hospital medical service, dependent on them for the standard of the work.

Nothing indicates more clearly the districts requiring more intensive work than a pin-map recording the infant deaths occurring during the summer months. Following this plan, additional clinics have been estab-

lished each year (wherever possible), these being held in neighborhood centres. The present clinics are established as follows: 4 Settlement Houses, 3 Infants' Homes, 4 Day Nurseries, 1 Club House, 1 Y.M.C.A., 1 Y. W. C. A., 1 Playground Centre, 1 Oddfellows' Hall, 1 School, 2 Churches, 1 Dispensary, 1 in a private home, and 1 Central Clinic at the Children's Hospital.

The clinic equipment is probably in no way unique, though additions are made from time to time to add to the comfort of the mothers and the efficiency of the work. For instance, it was found that the babies' feeding hour frequently comes during the time they should be at the clinic. A small electric stove and equipment to heat feedings was therefore provided. Then, too, it was found that in certain sections of the city the mothers preferred a morning clinic, or, in others, one day was preferable to another. Arrangements were made in all cases to accommodate the majority of the mothers. Among other suggestions which have been of value I might mention the following:

"Where possible, arrangements are made to provide a dry place for baby carriages, and warmth for outer garments and covers in severe weather;

"An examining table, on which to place the child, and a demonstration table showing correct feeding bottles, nipples, etc., have both proved of value."

It was also found that a separate room in which the physician sees the mother and child, apart from the noise and bustle of the weighing room, prevents the mother from being distracted, and makes it easier for the physician to give the advice he desires.

The babies are of course weighed without clothes, in order of arrival, and left undressed until the doctor has been consulted. Each mother is given a weight card, which she may take home and bring back to the clinic upon each attendance.

Before leaving the clinic the mothers are given light refreshments, which are supplied and served by members of some social agency in the neighborhood. We cannot speak too highly of the advantage to a clinic of coöperation with social agencies. The spirit which they create, we have come to feel, is essential to the success of the clinic. Their individual interest in the welfare of the child as they converse with the mothers over the teacups soon creates a very healthy and beneficial spirit of competition, which increases the feeling of responsibility of the mother and frequently does more toward the permanent welfare of the home than advice can ever do.

In the past, clinic work has consisted almost entirely of regulation of infant feeding, but this year Toronto is undertaking the supervision of children of pre-school age, in the handling of which the following points are considered:

- (a) Weight, development and height;
- (b) Physical deformities, such as those produced by rickets;



- (c) Mentality;
- (d) Presence of diseases, tonsils and adenoids;
- (e) Defective teeth;
- (f) Eye and ear defects;
- (g) Recognition of heart conditions, functional and organic lesions;
- (h) Recognition of early tuberculosis trouble through the tuberculin skin test;
- (i) Early recognition of syphilis;
- (j) Dietetic management of these children;
- (k) Treatment of the common disorders of digestion;
- (l) Regulation of habits, such as late hours, sleep, moving picture shows, clothing and airing.

No cases of illness are treated at the clinics, but when a diagnosis is made, or suspected, the child is referred to his physician, or the Hospital.

Physicians who are considered authorities on the various subjects just mentioned have outlined the best method of detecting and handling the conditions, and will from time to time supplement this with demonstrations to the clinic doctors. By this system, children will be in a proper physical condition to commence their school life, and a great many of the defects so frequently found among children in the first grades will have been remedied.

Through the coöperation of all adult hospitals, a notification of the discharge of every infant born in the public wards of the hospital is sent to the Public Health Nurses for home supervision. These notifications contain the weight on discharge, orders for feeding and treatment, and the name of the nearest Child Welfare Clinic to which the mother was referred.

The babies are visited in their homes by the nurses, and mothers are encouraged to attend the clinic regularly and a report of their condition sent back to the hospital each month for one year.

In like manner every infant discharged from the Children's Hospital is supervised at home, referred to the nearest clinic, and reported on to the Hospital every two weeks for six months. This system has only been in operation two months, and during that time we have found that out of 81 cases discharged only five have been lost track of through having given a wrong address; none have died, and only four have had to return to the Hospital for re-admission.

In addition to these two methods, access is gained to many homes through birth registrations. To the mother of every registered baby is sent an invitation to attend the nearest Child Welfare Clinic, also a book compiled by the Director of the Division of Child Hygiene on the care of the infant and child to six years of age.

About three years ago the question of supervision of children in Infants' Homes and Day Nurseries was considered, with the result that

daily inspections of all children in four day nurseries and three infants' homes are now being done by the nurses and clinics held weekly or oftener, if necessary, according to the number of children in residence.

As this paper deals primarily with the Child Welfare Clinic, it is impossible to touch in detail all the etiological factors of infant mortality, such as neglect, ignorance, and poverty. These three causes may, perhaps, be called the three fundamental causes of infant mortality. Poverty means poor health for the mother, lower intelligence, lack of energy, and general inefficiency, and forces families to live in crowded, unsanitary surroundings. The future of our country depends on its poor children. If they are eventually to justify their place in the world, they must be saved from ill-health. Infant mortality should not be a question of the survival of the fittest, for it is our task to see that every baby is made fit. To this end we would strongly urge the closest coöperation between maternity and children's hospitals and the various agencies interested in child welfare.

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### **Pyloric Stenosis in Infants**

(By W. E. Gallie, M.B., and L. B. Robertson, M.B., Toronto, Canada)

*Read at the Annual Meeting of the Ontario Medical Association,  
June 1, 1916)*

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During the past few years the attention of the surgical staff of the Hospital for Sick Children has been called to a condition of obstruction at the pyloric opening of the stomach, occurring in infants, which had hitherto passed unrecognized, or if recognized had been treated with more or less success by purely medicinal measures.

From a review of the literature and from our own experience it is evident that if this condition is untreated the mortality is nearly 100 per cent. Under medical treatment, which consists of proper feeding and frequent gastric lavage, a certain percentage slowly recover. According to the records of some observers, of whom Robert Hutchison is one, this has been as high as 64 per cent.; according to others, as low as 40 per cent. We are informed by the physicians in charge of pædiatrics at the Children's Hospital that the percentage of recoveries in their clinic and in private practice is somewhere between these rather wide extremes. It is not the intention of this paper to discuss the medical treatment of the condition except insofar as it affects the surgical treatment. Attention will be drawn to the advisability of attempting the cure of these patients first by medical measures, but it must be pointed out that this form of treatment is very tedious and sufficiently doubtful to require the sharpest attention of the physician, to see that the patient does not slip past the mark, beyond which no form of treatment can save him. These patients have a habit of remaining in a stationary condition for days or



weeks and then suddenly succumbing to inanition. We have, therefore, come to recognize that if these patients do not show a prompt response to medical treatment, some radical measure must be adopted if an enormous mortality rate is to be prevented. But if any degree of success is to be obtained from surgical treatment, it is imperative that the operation be performed before the starvation of the patient makes such a surgical operation dangerous.

The symptoms of pyloric stenosis in infants are very uniform and clear-cut. The condition occurs, in the majority of instances, in healthy nursing babies. All goes well for a week or two and then vomiting after feeding suddenly begins, rapidly becoming worse and developing a projectile character. Bowel movements become less and less frequent, until absolute constipation is established. The weight rapidly falls. Examination of the abdomen shows distension of the stomach with visible peristalsis passing from left to right. Palpation slightly to the right of the middle line above the umbilicus usually discovers a hard round tumor about the size of an acorn, freely movable, which can be demonstrated to be the hypertrophied pylorus. The vomiting sometimes comes on gradually, developing from a simple regurgitation, but in the majority of cases it begins suddenly and assumes its projectile character at once. It may occur in the midst of or immediately following feeding, the whole of the feeding being expelled for a distance of several feet. Sometimes a greater quantity is vomited than was taken at the last feeding, indicating abnormal retention of food in the stomach. If the condition is unrelieved the vomiting increases in frequency until it occurs with every feeding and no food whatever reaches the infant's intestine.

Coincident with the onset of vomiting, constipation develops, at first as a reduction of the frequency of the stool and then as a reduction in its size. Gradually all faecal material disappears, and several cases have been admitted in which no bowel movement had occurred for nearly a week. Similarly there is a reduction in the outflow of urine, and cases are on record in which an incorrect diagnosis of acute nephritis with suppression had been made owing to the cessation of urinary outflow.

Naturally the weight falls, the loss being directly proportionate to the severity of the vomiting. Several of our cases had reached a marked degree of emaciation before admission, making any form of treatment a forlorn hope.

To establish a diagnosis is quite simple in many instances. The physical examination shows the abdomen soft and not distended, thus excluding peritoneal inflammation and intestinal obstruction of any form. There may be considerable distension of the stomach, but the most noticeable feature in relation to the stomach is the presence of visible peristalsis. This may be spontaneous or may be produced by flicking the abdominal wall or giving a small quantity of food. The waves are large, two or three inches long, extending vertically across the stomach and passing rapidly from left to right. Often a second wave is commencing

before the first has reached the region of the pylorus. Visible peristalsis of the stomach may be taken as pathognomonic of pyloric obstruction.

The presence of a tumour is very constant although there may be some difficulty in locating it. Sometimes it can be felt immediately, and at other times ten or fifteen minutes may be spent before it can be found. This is readily explained by the findings at operation, the tumour sometimes being hidden in the angle between the bodies of the vertebra and their transverse processes. A good method of locating it consists in standing on the left side of the patient and palpating deeply in the upper part of the abdomen, slightly to the right of the middle line and above the umbilicus. The whole of this area should be explored, pressing deeply against the posterior abdominal wall and moving the abdominal contents freely about so as to change the position of the tumour and make it easier of detection. In all of our cases but one it was possible to demonstrate the presence of a tumour.

In corroboration of the diagnosis, it is frequent practice to attempt the passage of a duodenal catheter. In normal infants it is possible to pass 17 mm. catheter through the pylorus in from ten to fifteen minutes. If any but the mildest degree of spasm or stenosis of the pylorus exists the duodenal catheter cannot be passed.

Before attempting to treat such patients it is necessary to understand something of the nature of the condition present. At autopsy and at operation we have found from slight to moderate dilatation of the stomach with hypertrophy of its walls. Surrounding the pyloric orifice is situated a smooth round swelling varying in size from that of a small to that of a large hazel nut. It is decidedly white in color, in marked contrast to the neighboring stomach and duodenum. The degree of whiteness varies with the density and size of the tumor. In some cases the tumor is quite as hard as cartilage, while in others it is more of the consistency of uterine muscle. If an incision be made into the tumor in the living subject, it will be found to resemble quite closely fibro-cartilage in consistency, color, and in the fact that there is practically no bleeding. Dissection of the specimen at autopsy shows the tumor to consist of the enormously hypertrophied muscle wall of the pylorus including both circular and longitudinal fibres. This hypertrophy has resulted in a stenosis of the pyloric outlet of the stomach to such a degree as to prevent the passage of food. Even on the operating table it is impossible to force gas past the obstruction, and at autopsy the ordinary catheters cannot be passed into the duodenum. The stenosis is due entirely to the hypertrophied muscle, no diminution in the size of the tube of mucous-membrane being present, as can be demonstrated in transverse sections and by removing the muscular coat. The hypertrophied muscle varies from three-sixteenths to three-eighths of an inch in thickness. Sections of the tumor show the swelling to be due both to increase in the size and the number of the muscle fibres.



The question of the causation of such a pathological condition is as yet enshrouded in mystery. There is nothing in the development of the viscera to account for it, and yet it is certain that the condition is present before birth, as such a degree of hypertrophy could not occur in the two or three weeks during which food has been entering the stomach. Some have thought that the condition arises in a state of spasm of the pyloric sphincter, the mild cases being the result of spasm alone, and the severe cases, due to a superadded hypertrophy with stenosis, but of this we have no knowledge, as all cases we have seen both at autopsy and at operation have been typical cases of hypertrophic stenosis. It is a noteworthy fact, however, that symptoms rarely appear before the third week of life, so that it seems likely that obstruction which is severe enough to produce symptoms is the result of a combination of congenital hypertrophy and of spasm.

With the establishment of a diagnosis the rational indication for treatment is the relief of the obstruction. Whether the treatment shall be surgical or not depends entirely on the completeness of the closure of the pyloric outlet. If the patient is rapidly losing ground with vomiting of all its food, absolute constipation and suppression of urine, the indication is for immediate operation, as no other form of treatment can possibly save the patient. If, on the other hand, the symptoms are not so severe, it is wise to study more accurately the degree of obstruction produced and to try to relieve any pyloric spasm which may be present by gastric lavage. When such a patient is admitted to the wards it is the practice of the physicians to make an accurate record of the weight and to watch the reaction of the stomach towards food. A measured quantity of breast milk is fed to the patient, and, after the lapse of the time ordinarily required for the emptying of the stomach, the contents of the stomach are aspirated and measured. In mild cases the amount retained in the stomach is small and the prospect of the relief of the condition by medical treatment is good. Under regular gastric lavage the retention may steadily diminish and the symptoms correspondingly improve. If, on the other hand, the retention shows a daily increase with exaggeration of the symptoms, recourse must be had to immediate surgical intervention. When the frailty of the thread which connects these infants with life is remembered, the futility of dallying over ineffective therapeutic measures must be appreciated. The only way of saving such patients is to get a regular supply of food past the stomach, and the only way of accomplishing this is by operation.

Until recent years the operative treatment of pyloric stenosis has consisted of an ordinary posterior gastro-enterostomy. Several writers have reported good results from this operation, but we have had no personal experience with it. It would appear to be a dangerous procedure, however, as it is nearly impossible to do a complete gastro-intestinal suture in less than forty-five minutes, and one must remember that these patients are very ill and usually less than a month old. The operation

which we have employed in these cases is known as the Webber-Rammstedt method. The abdomen is opened by a small incision through the right rectus above the umbilicus. The tumor is discovered and delivered over the abdominal wall and the appearance, thickness and density noted. By squeezing on the air in the stomach the degree of stenosis can be demonstrated. On the surface of the white tumor can be seen the small blood vessels passing on both sides of the pylorus from below upward. Fortunately, along the upper border there is a space about an eighth of an inch wide which is practically bloodless and this area is used for the incision. The tumor is held firmly between the thumb and forefinger of the left hand and an incision is made into the tumor in the line of the axis of the gut, extending the full length of the swelling. This incision is carefully deepened until the mucous membrane begins to bulge into it. The external surface of the mucous membrane is then exposed throughout its whole length. The muscle is so hard that when the incision has been completed very little retraction takes place, so that something more is necessary to make sure that the stenosis is relieved. With the points of a Mayo scissors or with dissecting forceps, the muscle is gently separated from the mucous membrane and the incision stretched open so that the mucous membrane is exposed for a width of an eighth of an inch or more. It will then be seen to be of large lumen and to bulge freely into the incision. That the stenosis has been relieved can be demonstrated by squeezing air through the pylorus from the stomach or by passing a stomach tube into the duodenum. Fortunately, there is practically never any bleeding in the intestinal wall, but if any small vessels have been cut they must be tied. The viscera are then returned to the abdominal cavity without further manipulation and the abdomen closed. During the operation the patient is kept surrounded with hot water bottles and limbs are wrapped in non-absorbent cotton. As little manipulation of viscera as possible is employed and the time of the operation is reduced to a minimum, usually from fifteen to twenty minutes. With these precautions it is remarkable how little surgical shock is present.

The post-operative treatment is of the utmost importance, and in all, except the purely surgical details, is directed by the staff in pædiatrics. Briefly, the measures employed are as follows:

1. Hypodermoclysis, immediately following operation, of normal saline and 4 per cent. glucose solution. From 100 c.c. to 200 c.c. is employed. This may be repeated during the next few days.
2. Stimulation in the form of the hypodermic injection of adrenalin in 5 minim doses.
3. Measures to keep up the temperature of the patient to normal, such as the use of hot water bottles, and a special coat made of cotton sometimes used for premature babies.
4. Attention to the position of the patient. Until the effects of the anæsthetic have passed off the child's head is lowered, after which the



position is changed to the semi-upright, to facilitate the emptying of the stomach and the eructation of gas.

5. Careful feeding. As soon as the effects of the anæsthetic have passed off, usually an hour after the operation, a few drachms of water are given and an hour later a mixture of three drachms of the mother's milk and a drachm of water. This is repeated at regular three-hour intervals. Of the feeding of the infant nothing further will be said, except that if at all possible, breast milk should be provided and the normal nursing of the child interrupted by not longer than a week or ten days. Careful feeding is absolutely imperative, as digestive upsets are very apt to lead to fatal results.

Following operation the successful cases run quite a typical course. The feedings are taken readily and are retained, although during the first few days occasional vomiting may occur. This vomiting is usually of the regurgitant type, rarely explosive. Projectile vomiting after operation is usually suggestive of incompleteness in the relief of the obstruction. With the administration of fluid subcutaneously and by mouth the excretion of urine returns to normal, and in a day or two fecal material begins to appear in the stool. In a week or so normal bowel movements have been reëstablished, although a considerable diarrhœa is a frequent sequel. After an initial loss of weight extending over two or three days, the weight begins to rise, and, if no setbacks occur, the rise is continuous. After the lapse of two or three months these patients cannot be distinguished from normal children.

Outside of the purely medical complications which involve these patients, several surgical contingencies have to be considered. Fortunately shock is rare, but if present is combatted as described. Hæmorrhage must be guarded against most carefully. One of our patients died on the day following operation, and at autopsy a great quantity of blood was found in the peritoneal cavity which had come from a small bleeder in the pyloric incision. Before dropping the viscera back into the abdomen we are now careful to see that all hæmorrhage has ceased and the intestine is allowed to rest in the abdominal incision for five minutes or more without any constriction of the blood vessels of the mesentery or omentum if there is any suspicion of oozing. There is the usual danger from infection of the abdominal wound which is relatively more serious in these emaciated infants. In relation to the technique of the operation itself, one point is essential, that the constriction shall be completely relieved. In one of our patients who died a few days after the operation, without relief of the symptoms, autopsy showed that the incision had not been sufficiently long to divide all the constricting muscle nor had the muscle been stripped back enough to allow bulging of the mucosa. This point is now scrupulously attended to. With greater experience in handling these cases we now feel that the mortality can still be considerably lowered by the elimination of these surgical complications.

During the past two years eighteen cases of undoubted pyloric stenosis have been treated surgically in the Hospital for Sick Children. Of these eighteen cases thirteen recovered, a mortality of 27.7 per cent. Of the five fatal cases, one died of hæmorrhage; one died sixty hours after operation, with no relief of the symptoms, because of incomplete operation; a third case, which died three days after operation, was a very desperate case on admission, there having been absolute constipation for five days and vomiting of all the food. This patient ceased vomiting after the operation, but had evidently passed the possibility of recovery before operation; the fourth case was a prostrated premature baby which had practically no chance from the beginning. It died about twelve hours after operation. Autopsy showed hypostatic congestion of the lungs, nephritis and colitis. The fifth died three days after operation, in spite of the relief of vomiting, of general weakness.

Of the thirteen cases which recovered two died, subsequently, of other conditions, and autopsies were obtained. The first died six weeks after the operation of acute entero-colitis. All the symptoms of pyloric stenosis were relieved by the operation, and the case was a favorable one for complete recovery until the intestinal infection developed. This case is of particular interest because at the operation a small section of the muscle was removed for microscopical examination, and it is now possible to compare this with the sections made at autopsy more than a month later. It will be observed that the relief of the obstruction has made no difference in the appearance of the muscle fibres, which are greatly increased in size and in number in both. Comparing the cross-section of the pylorus made at autopsy with a normal at the same age, it will be observed that the muscular coat is five or six times normal thickness. It would also appear that there is a corresponding increase in the size of the lumen of the pylorus. The section also shows clearly what happens as a result of the incision through the muscle. In the gross the peritoneum was fully healed over the incision and no evidence of the incision was to be seen. The histological specimen shows that after the operation the peritoneal edges of the incision opened out widely and that the peritoneum grew over the edges and down into the incision to meet on the exposed mucosa. Separating the lumen of the bowel from the peritoneal cavity at this point is the mucous membrane, the sub-mucous areolar tissue, the muscularis mucosæ which evidently escaped the scalpel, a small quantity of white fibrous tissue and the peritoneum. Whether this permanent weakening of the wall of the intestine will have any late effects, time alone will tell.

The second case died of pneumonia and empyæma about a year after the operation. The relief of the pyloric obstruction had been complete and recovery perfect. At fourteen months of age he appeared to be a normal baby. At autopsy the pyloric enlargement was found to persist, although the ratio of its size to that of the neighboring intestine was



slightly smaller. It is evident therefore that the pathological condition present is not one suddenly developed or easily changed.

The remaining eleven patients are alive and well, apparently suffering no ill effect from their pathological condition or from the operation.

A point in the after treatment, with which the writers have been much impressed, is the value of transfusion of blood from the parent soon after the operation. Of our eighteen cases ten were transfused by the syringe method, one hundred cubic centimetres of blood being transferred from the mother to the child. In eight of these cases this transfusion was performed on the day following the operation, but in the last two cases it was done before the child was taken from the operating table. We shall probably continue to employ this latter method, for although there is no doubt of the value of the transfusion, even when delayed, the immediate transfer of the mother's blood has the additional advantage of helping to combat the shock of the operation. The transfusion is commenced immediately after the administration of the anæsthetic, for the abdominal operation has ceased, and should not keep the baby in the operating room more than ten minutes longer.

In conclusion, we wish to add our testimony in favor of the operative treatment of pyloric stenosis. While admitting that many of these cases, in which the hypertrophy of the muscle is slight and the obstruction mostly due to spasm, can be relieved by medical treatment, a warning must be issued against persisting in this treatment if prompt improvement does not occur. Many cases treated in this way have undoubtedly died which might have been saved by operative relief of the obstruction. A further warning must be sounded against delaying operation until the patient is so weakened by starvation that he is no longer a safe subject for an abdominal operation.

The writers are much indebted to Dr. C. L. Starr for the opportunity to study the cases admitted to the public wards of the Children's Hospital and for permission to include in this report the cases operated on by him.

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Although he was a photographer, he was one of those marble-headed, cold-as-ice blokes who freeze you with a word or a glance.

There came to him one day a chatty young thing who wanted her photo taken.

"You'll make my picture pretty, won't you?" she said, after a string of ingenuous and useless remarks.

"Certainly," said the bloke of bromide, "but that will be seven-an-six-extra."—*London Tit-Bits*.

## Work in China

(By Mary Asson)

As I write these few lines to tell something about our work in the Woman's Hospital in Chengtu, West China, my heart fills with gratitude that I was born in a Christian land, especially as I think of the condition of Woman in this land. Perhaps, first of all, you will be interested in knowing something of the journey to this Capitol City of far-off Szchuan, for here we are only about five hundred miles from the top of the earth, viz.: Thibet. On a bright, sunshiny day, we can see very distinctly the snow-capped peaks of the Himalaya Range.

Our party, consisting of five women, left Canada in September, 1916. After spending a couple of weeks on the palatial steamer "Empress of Asia," we disembarked at Shanghai, where we spent five days "doing a rushing business" trying to supply the needs of our fellow missisonaries in the Interior. Once a year, on the arrival of parties, every one seizes the golden opportunity of replenishing their supplies. We bought nine kegs of nails, twenty granite toilet sets (for boarding school use), sixteen wicker chairs, two bath tubs, two clocks, two watches, groceries, dishes, lamps, irons, hardware for buildings, glass for windows, mirrors, and many other things which cannot be bought outside of Shanghai. Personally, we supplied ourselves with camp beds, Chinese mattresses, oil sheets, mosquito netting and pith hats, travelling essentials in China.

Leaving Shanghai on a small steamer accommodating twenty passengers, we reached Hankow in three days, to find that a smaller steamer with accommodation for eight passengers was leaving that very night for Ichang, so we had our baggage transferred and at 6.30 that evening we left. Three more days of travel and we were safely landed in Ichang, having completed the first thousand miles into the Interior of China in one week.

It was Saturday, and upon inquiry found that a tiny steamer was to leave for Chungking on Monday and we could procure accommodation for the five of us, but only forty pieces of baggage could be taken along. We spent the rest of the day putting things through the customs, sending to the steamer our trunks and other things, putting those we were leaving behind in the freight house of the Steamship Company, to be sent later either by native junk or steamer. On Monday at daybreak we left Ichang and, after a six days' trip through some of the most magnificent gorges in the world, we reached Chungking, the last open port in West China, and fifteen hundred miles from Shanghai.

Above Chungking the great Yang-tse is quite a shallow river, and, except at high water, even a tiny steamer drawing only six feet of water is unable to navigate, therefore the next stage of our journey was to be made by Sedan chair carried on the shoulders of three men. Can you imagine packing bread, butter, sugar, coffee, tea, in fact everything in



the food line necessary to last from ten days to two weeks. Cooked rice and eggs can be bought on the road, but Chinese food is not at all agreeable to foreigners, especially their vegetables, which are never properly cooked and indigestible. After five days we started from Chungking, a procession of seventy men, including chair-men, load-carriers, and serene, empty-handed men who bossed the others, seeing that none lagged behind, calling them from the opium dens (for we had a number of opium smokers, and they had to have their supply each time or they could not carry) when we were ready to start each day, or resting for a short time at the different market places and towns.

One has plenty of time to study the scenery, for the average day's stage is from twenty to twenty-five miles, starting at daybreak and travelling until dusk. We did not have an escort of Chinese soldiers, as the Chinese authorities would not guarantee protection, but our fellow missionaries (those resident in Chungking), after consultation, thought that travelling would be safe enough. The road seemed less disturbed than it had been for some time. Everything went well the first two days. We were late making our stage the second night, having to travel an hour and a half after dark, and it was almost midnight before we were ready to retire, the inn not being one of the best, and even the good rooms in it were taken by travellers who had been more fortunate than we and had arrived earlier. We had one room for all and it was next to the pig-pen, with only a thin partition between, with good-sized cracks. Sleep was out of the question, so we lay down and waited eagerly for time to pass. At 4 a.m. we began folding up our beds, and at five o'clock were ready to start. We had gone about fifteen miles when our men rested for a little while as usual at a village. My chair-men, only one of whom smoked opium, were the first to leave. Scarcely had we gotten out of sight of the village when I heard a shout from a traveller ahead of me. My chair-men put down the "chair" and proceeded to don their extra clothing, which had been tied on the back of it, exclaiming, "The robbers are coming!" I got out of my chair and stood in front of it, and a man looking like an ordinary coolie, except that he had a gun, came up and, on seeing me, stopped and exclaimed, "Foreigner!" then demanded my lantern, which the chair-bearers promptly proceeded to untie, but as they did not do it quickly enough he stooped and assisted, and, having procured it, ran off as fast as he could. I had already seen two men carrying one of our boxes, being forced up the hill by two of the robbers. In less time than it takes to tell it the alarm was given in the village, the bugle sounded, and the soldiers who were on guard (for every town and village is guarded these days) came running out and up the hill, and for a few moments there was some lively shooting. One robber was killed and left lying on the roadside. When the robber band had disappeared, we found that four of our boxes had been smashed in and all the contents taken, clothing, money and bedding were missing. The officials came out to see us, expressing their regrets that such things had hap-

pened within their territory, and if we would remain at the Yamen for the rest of the day they would send out soldiers and try to recover the stolen property. We waited in comfortable rooms, but nothing came back nor have we seen or heard of any of it since. The next day an escort of twenty soldiers was provided, and during the rest of the journey we were never without them, except for a very short time, where they would change off and a fresh relay would come. We stayed one night at the "Glory City." When ready to leave, our escort hadn't arrived, so we sent our servant to find out the reason. He returned with the answer, "They had a few affairs, but, when these were finished, they would be very pleased to accompany us." We started on, fearing to wait and not make the stage, and at noon, as we were eating dinner, the soldiers arrived and told us that the "few affairs" was the beheading of thirty-odd men, and smiled as blandly and looked as unconcerned as though it were an every-day occurrence. We finished our journey without any more excitement.

It is the women and girls who have most of my sympathy, and they need it, as we often have occasion to know. Our Woman's Hospital has accommodation for sixty-five patients, and women and children come from far and near. How they enjoy the large, airy wards and the wide porches! It is such a change from their close, stuffy houses. The name "Hospital" in Chinese is "Healing Garden," and when the name of "Happy Sound"—the literal translation for "Gospel"—is added, it sounds well. "The Happy Sound Healing Garden" is the name of our "Hospital."

At present we have as a patient a woman who journeyed forty days from the interior of Thibet to see the foreign doctor and receive advice and treatment. There is no hospital nearer her home than this, and we are thinking of the possibilities of her carrying the "Gospel" to her far-away home, for even in this day Thibet proper is practically a closed land to Christianity, and after all we are here to teach the wonderful love of the Master, and our medical work is a means to that end.

Another small girl was brought four days' journey. She had been in the home with her mother when they were attacked by robbers. The mother was killed instantly and the child had three fingers cut off her right hand while trying to defend her mother.

Funny things happen sometimes. A few days ago a father brought in a child of about eight, emaciated, dirty, covered with itch, sore eyes—a most repulsive sight. The father was advised to bring her in but couldn't be persuaded. He pleaded poverty. We would take her in at half price, two-and-a-half cents a day. One excuse after another followed, and at last the truth came out: "He was afraid we would eat her!" After assuring him that that was the least of our thoughts, he was finally persuaded and she is getting along nicely. Baths and three good meals a day work wonders with many of these poor people, who eke out a hand-to-mouth existence.



Last week three babies were born, two girls and one boy, and you cannot imagine how the mothers of the girls envy the mother of the boy. The boy's family presented the hospital with forty red eggs and will have a feast when he is a month old, but the families that the girls belong to said "Alas!" and all three are as cute as can be with their black hair and eyes, done up like young papooses.

Just a day or two ago a woman was sent home to die, and when the chair arrived at the home of her husband he would not take her in, and she was brought back. He had hired her out to another man several months ago, and the poor woman had no say at all and no way of escape, and when she was at death's door there was no one to whom she could go. There are many such cases, and it is just this kind of thing that makes me appreciate the fact that I was born in a Christian land.

We have ten young women in training. The Senior Class will graduate in June and will be retained as Head Nurses in the Hospital.

We are looking forward to great things, and any one who thinks life is monotonous in West China has a cordial invitation to come and see for themselves. The women of China are just as appreciative and lovable as our women at home and it is a real pleasure to be able to help them.

"Life, with all it yields of joy or woe,  
And hope and fear,  
Is just our chance o' the prize of learning love,  
How love might be, hath been, indeed, and is!"

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### CONVALESCENCE FROM THE EXANTHEMATA

The first two or three months of the year are usually characterized, in the experience of the family physician, by the occurrence in his practice of a crop of cases of the contagious diseases of children, especially scarlet fever, measles, German measles, etc. This is accounted for by the readiness with which contagion is spread in the schools, when ventilation of the school-room is the least perfect and the closer housing of school children during school hours favors the distribution of communicable diseases. As the diseases in question are self-limited in nature, expectant and symptomatic treatment, together with precautions as to isolation, etc., is about all the physician is called upon to direct. It is well-known, however, that in all but the mildest cases, the adolescent subject of scarlatina, or measles, is usually more or less debilitated or devitalized, when convalescence is established. Special care should be taken to avoid the administration of any tonic or reconstituent which is likely to disturb the child's digestion or, by inducing constipation, to minimize the appetite or desire for food.

Pepto-Mangan (Gude) is the ideal reconstructive tonic for these young patients, because it is pleasant to the taste, easily tolerable by the stomach and readily assimilable by blood and tissue, and promptly efficient in restoring appetite, strength, color and general well-being.

## What A Good Foster Mother Did for A Puny Baby

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Born April, 1916; mother unmarried; father a married man but not living with wife and family. Physician in charge entertained very few hopes that child would survive long, owing to parent's physical condition caused by the father, who was a moral degenerate. Child, when only about a month old, placed out by mother to board with a woman in down-town district. This woman reported the matter to the Department of Health, as she knew she was liable to punishment if found boarding a child under three years of age without permission to do so from the Medical Officer of Health. The district nurse was then put in touch with the case and she visited the home regularly, instructing this woman how to make feedings and also how to care for baby. In spite of all her efforts the baby did not thrive, and so, through the nurse's efforts and with the mother's consent, he was placed in another Baby Home in August, 1916, with a more experienced foster mother to see if he would improve. About the same time this district nurse was transferred to another section of the city, and great was her surprise when she entered a Baby Home one morning to find her old protege. Was she never to get away from this wizened-up, little, old man who never had looked like a baby and whom she believed never would look like one? It was just waste time to work with him. Such were the thoughts that flashed into her mind at first, but while there is life there is hope, and the nursing instinct to fight for that life as long as possible conquered and she commenced again instructing the foster-mother. But this time she had different material upon which to work—an intelligent foster-mother. Day by day she was rewarded for her patience by seeing the wrinkles and the aged and drawn expression disappear.

In September, 1916, he weighed 7 pounds 3 ounces; in May, 1917, he weighed 19 pounds, and to look at the baby face now one could scarcely believe that the brief history we have just related belonged to this child. The nurse stoutly refuses any praise, but thinks the credit is largely due to the tender and loving care given by the foster-mother, who has also interested herself in the parents and has been a wise and good friend to the young unfortunate mother, who now is devoted to her baby and who visits it regularly. The father also visited. This is only one of many cases where we have seen that individual care is the salvation of these puny babies, who, if thrust into large institutions amidst unnatural surroundings, quickly droop and die.

SUPERVISOR OF HOMES, DEPT. PUBLIC HEALTH,

Toronto, Ont.



## Scientific Massage

(By Johanna Todsén, M.G.)

Massage, or systematic rubbing and manipulation of the tissues of the body, is probably one of the oldest means of treating bodily ailments. Most primitive and Oriental races are strong on massage. In Chinese literature we find treatises on massage of three thousand years ago, translated into French of a century ago, and probably the foundation of modern massage.

Massage has a different name in the different countries, and in Russia and Japan mostly executed by the blind, the blind having an unusually sensitive touch, which is of the greatest importance to the practitioner in discovering damaged conditions of the tissues.

The Hindoos, Persians, ancient Romans and Greeks constantly employed massage, not only in connection with their baths, which are a mere luxury, but as a medical treatment.

Hippocrates, the ancient renowned Greek physician, used massage extensively. That he understood and appreciated the different modes and effects of the different manipulations is shown from the following quotations from his work—for instance:

Friction can relax, brace, incarnate, attenuate; hard friction braces; soft friction relaxes; much friction attenuates, and moderate friction thickens.

Hippocrates learned massage and gymnastics from Herodicus, the believed founder of medical curative exercises. (Lived before the Paloponecian War).

Another eminent Greek physician, Ascleprades, held the art of massage in such esteem that he abandoned the use of medicine altogether, relying exclusively upon massage, which he claimed effected a cure by restoring to the nutritive fluids their natural free movement. He was also the physician who discovered that sleep might be induced by gentle stroking.

Plutarch tells us that Julius Cæsar, a century before the Christian era, had himself pinched all over daily for neuralgia. It is known that he suffered from epilepsy.

Pliny, the great Roman naturalist, had himself rubbed for relief of chronic asthma.

Arrian recommended massage for horses and dogs, asserting that it would strengthen the limbs, render the hair soft and glossy, and clean the skin. After directing massage for the legs, abdomen and spine, he directed that the treatment should be terminated in the following curious manner, which certainly proved he understood the value of "nerve stretching," "nerve stimuli"—at least for dogs:

"Lift the dog up by the tail, stretch, let go; and she will shake herself and show that she likes the treatment."

Celsus, the most eminent of all Roman physicians living at the beginning of the present era, was very familiar with massage and used great discretion in its application. He recommended massage for headaches and in fevers, making this wise remark: "A patient is in a bad state when the exterior of the body is cold and the interior hot with thirst; but, indeed also, the only safeguard lies in massage," i. e., by restoring surface circulation and elimination.

Paraceusus, the Prince of Charlatans, who flourished in Basle, Switzerland, four hundred years ago, made great use and thought of massage.

In France it is known to have been used exclusively for more than two hundred years. Its use in modern times, however, is chiefly due to Metzger, Amsterdam, Holland; Ling, Harbelius, Sweden; Major Thure Brandt, of female disorders; Tueas Campioner, of fresh fractures; and several other eminent physicians of different countries.

When it is called "Swedish massage," it simply means, or refers to the last century's high development in Sweden, due chiefly to Ling, Harbelius, and Wide and Arvidson, present day authorities in Norway, Naburg, Gjertsen and Bülav-Hansen.

The students of massage should make a serious study of anatomy and physiology, the first being absolutely indispensable; also pathology and sociology.

In the last thirty years eminent physiologists have, by experiments, determined the exact physiological effects of the various manipulations included under the general name "massage," and thus obtained a correct basis for their therapeutic use and importance.

Experiments clearly show that every function of both animal and organic life may be powerfully influenced by some or all of the numerous procedures of massage.

The various effects produced may be included under the following heads: Mechanical, Reflex, and Metabolic.

*Mechanical*, in which the tissues are wholly passive, as in manipulation of blood and lymph in the venous and lymphic channels, or by the restoration of displaced viscera to its normal position.

For instance: Dilated stomach, prolapsed colon transversion, displaced uterus.

*Reflex*, in which the peripheral and central portions of the nervous system, both cerebro-spinal and sympathetic, are chiefly active.

An impression made upon the nerve-ends of the sensory or apperent fibres connected with the nerve-centres of the cerebro-spinal and lymphatic systems, being transmitted to the related centres where new activities are set up, resulting in the sending out of nerve impulses by which vital changes are effected, not only in the parts directly acted upon, but in related parts also.



*Metabolic*, in which important modifications occur in the tissue activities, both in the parts directly operated upon and of the body as a whole.

The nervous system is affected by all the various manipulations, direct or indirect, sedative or stimulating, restorative or reconstructive. Vibration and nerve compression act direct on the nerve trunk, causing a powerful stimulant, not only to the peripheral nerve, but also to all the nerve centres connected with that nerve. Friction is an effective mode of exciting languid nerves, and so is percussion; but, on the other hand, strong percussion produces a benumbing, exhaustive effect.

Mental fatigue is relieved by massage through its effect upon the circulation and eliminative organs.

General reconstructive effects are experienced by the entire nervous system; improved nutrition is produced by improved circulation. Sedative effects upon the nerve are just as marked as the stimulating; strong percussion relieves pain in the same manner as does strong jeopardization, by tiring out and thus benumbing nerve sensibility.

Pinching produces an anaesthetic effect (only watch the doctors give the hypodermic needle).

The gentle stroking—*effleurage*—induces the hypnotic, quieting effect used for sleeplessness, and so does a direct friction and kneading.

Centrifugal friction diminishes the blood supply of the brain, hence lessens cerebral activity.

Massage of the soft parts above a joint and movements of the joint above, relieve pain by emptying the lymph and blood vessels of the part.

A muscle is well fed only when exercising, because when a muscle is inactive the blood goes rather around it than through it; but the moment activity begins there is a great increase in its blood supply, even before any acceleration of heart activity has occurred.

Massage may be used for a substitute for exercise, increasing the blood supply of the muscle.

Massage, properly manipulated, produces a suction or pumping effect, pressing onward the contents of the veins and lymph channels, and thus creating a vacuum to be filled by fresh supply of fluid, derived from the capillaries and tissues. Massage upon the muscles accomplishes the following effect: Encouraging nutrition and development. Massage feeds the muscle without exhausting it.

To excite muscular contraction, often giving quicker results than faradization.

To increase electro-excitability of the muscle, thus preparing for an electric treatment, as, for instance, in infantile paralysis, where the muscle is diminishing by tropic changes.

To remove effects caused by muscular fatigue.

• Dr. Zubludowski has shown that frogs, completely exhausted by faradization of the muscles, although not restored after fifteen minutes

rest, were revived at once by massage, and were even able to do twice as much work as before.

Another experiment: A man lifted with his little finger a two-ounce weight eight hundred and forty times, lifting the weight once a second. The muscles of his finger were then completely exhausted. After five minutes' massage he was able to lift the same amount of weight eleven hundred times, and his finger was then not greatly fatigued.

Stiffness and soreness of muscles, which occur from so-called consecutive or secondary fatigue, resulting from over-exercising, is also relieved by massage.

Secondary fatigue may be produced in a person not accustomed to it, especially in those who are very fleshy; thus another reason not to give long treatments.

That massage is capable of influencing such hard structures as bones, ligaments and cartilages is clearly demonstrated by numerous facts and observations. A bone has essentially the same blood supply as its overlying muscles, thus the same exercise that induces growth of a muscle must effect the bones the same way.

The blood vessels and lymphatics are largest in vicinity of the joints, hence the importance of massage and joint movements of these parts. It is now known that the red matter of the bones is the blood-forming tissue of the body. This fact gives a new importance to massage. Improved circulation improves nutrition, thus favorably influencing the blood-making process both in quantity as well as quality. Massage profoundly effects the circulation, both general and local, the effect according to mode of application, and the part acted upon.

General massage also increases the rate and the force of the heart beat, as does exercise, with the difference that massage does not raise the arterial tension, neither does it accelerate the heart to the same degree—but produces a strong, full pulse. This is due to the fact that the influence of the massage is chiefly upon the peripheral circulation.

The reflex influence upon the heart is like a tonic—the dilation of the vessels decreases the resistance so that the heart acts more freely, and especially in performing its functions. Massage upon the legs acts more directly upon the portal system, while massage of both extremities favorably influences the pulmonary circulation in cases of congestion of the lungs.

Massage of the arms and legs also acts derivatively upon the brain and spine. Massage also has a powerful effect upon circulation by promoting the action of the diaphragm, which serves efficiently as a pump in assisting the blood as well as in carrying on the process of respiration. The effect upon the lymph is of the greatest importance. The lymph vessels drain the tissues of waste and toxic substances, and prevent clogging from wandering cells.



Lymph channels are most abundant in subcutaneous tissue and in the fascia which cover and lie between the muscles, so that these vessels are directly acted upon by massage, especially by friction and kneading. Absorption is greatly promoted by massage, proving the importance of massage in cases of local œdema, general dropsy, aciditis, bruises, sprains, etc., friction being the most stimulating appliance.

Massage stimulates the respiratory activity, chiefly by the reflex way, and increases tissue respiration and is certainly one of the most efficient modes of increasing tissue metabolism. This process takes place chiefly in the muscles, through the oxidization of the glycogen, of which they contain one-half of the total bodily store; hence it is that massage, by acting directly upon the muscles, increases the tissue respiration by promoting circulation and general tissue activity.

Digestion, liver action and other of the vital functions, come in for their share of benefit in the increased vigor and efficiency of the respiratory process.

The functions of the brain are more easily performed on account of the more perfect movement of venous blood and in the better supply of oxygen received.

The heat function being so intimately connected with the circulation and general tissue activity, it is clear that any agent which profoundly affects the latter must affect the former proportionately. The heart functions consist of three distinct processes: heat production, heat elimination or dissipation, and heat regulation.

Massage materially influences all three of these processes, the muscles being the main seat of heat production. The muscles may also be called the furnace of the body.

Dr. Winternitz has shown that under some circumstances heat elimination by the skin may be nearly doubled by friction. He accordingly recommends friction in connection with cold baths for reducing temperature in fevers. The higher the temperature of the skin, the more rapid will be the dissipation of heat from the body.

It thus appears that bodily temperature may either be increased or diminished by massage, as kneading increases heat production, and friction may increase heat elimination; it is thus important to remember to apply the correct manipulation to produce the effect wanted.

Digestion is directly encouraged to the highest degree: by improving the appetite; by promoting secretion of the digestive fluids and glands both in quantity and quality; by promoting absorption of the products of digestion.

Dr. A. Hopadge has proved that massage of the abdomen, in ten minutes, applied direct after eating, diminishes by fifteen to seventy-five minutes the length of time the food is retained in the stomach, by aiding peristalsis.

Indeed, massage has no rival in this respect of promoting intestinal activity. This is highly endorsed by Dr. Kellogg, Battle Creek, where massage is extensively used for stomach and intestinal troubles, greatly assisted by X-ray diagnosis.

The value of massage in cases of anaemia can scarcely be overestimated; the blood is one of the most important of all tissues of the body.

Wintunitz, Mitchell and Kellogg and others have proved that massage immediately increases the amount of blood corpuscles, the immediate increase being up to fifty per cent. at the time, although it is not to be supposed that this is due to new production of blood cells only, but by setting free retained blood cells previously clogged up in probably liver or spleen, or the large vacular viscera. Thus the importance of massage.

The elimination is greatly promoted by massage direct to the skin, stimulating the oxidization, encouraging cell exchange, perspiration, etc.

Abdominal massage aids the liver, vibrating and percussion directed over the organ, especially through the hepatic nerves. It also, doubtless, promotes kidney activity through its influence on ganglia of the abdominal sympathetic and solar plexus.

Massage of the back and loins does not produce this effect to the same degree. Massage of the legs also promotes renal activity by removing fatigue poisons from these parts. Thus it should be used in chronic Bright's disease.

The local effect of massage may be briefly stated to be:

1. Increase of blood and lymph circulation.
2. Increase in both constructive and destructive tissue exchange.
3. Absorption of waste or effused products.
4. Development of muscles, ligaments, bones and other structures acted upon.
5. Increased heat production and tissue respiration.
6. Reflex or lymphatic effects upon the vasomotor centres and through them upon the large internal organs, the liver, spleen, stomach, intestines, kidneys and the whole glandular system of the body.

From this must be readily seen the vast importance of massage, and how much more it ought to be used among ailing humanity.

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Old friends, old scenes, will lovelier be,  
As more of Heaven in each we see;  
Some softening gleam of love and prayer  
Shall dawn on every cross and care.

Receive your thoughts as guests, but treat your desires as children.

The heart that is truly happy never grows old.



## Expectation

(By "Northwood")

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At the present moment in Europe, when intellectual men and women are throwing all the earnestness of their best powers into a common cause—when valuable lives of both sexes are being sacrificed on the altar of Suffering Humanity—we are minded to go back to the earlier days of civilization and consider a few particular examples of eminent men and notable women joining hands to bring about some exceptional work or reform.

In one of the oldest fragments of literature extant—the Song of Deborah and Barak—we read of the glorious result of the combined thought and action of a man and a woman who was an acknowledged leader:

"She sent and called Barak . . . and Barak said unto her: 'If thou wilt go with me, then will I go.' . . . and she said, 'I will surely go with thee, notwithstanding the journey that thou takest shall not be for thine honor; for the Lord shall sell Sisera into the *hands of a woman*.' But when the object of the enterprise was accomplished, then sang Deborah and Barak: 'O my soul, thou hast trodden down strength.'"

Again we find that Judith, the Hebrew widow of undisputed virtue and high social standing, whose patriotic deed in slaying Holofernes marked an epoch in her people's history, was a woman who enjoyed the friendship and counsel of Prince Ozias and the "ancients of the city."

In more modern times we may dwell on the vigorous statesmanship of Queen Elizabeth. However views may differ regarding her attributes as a woman, all agree that her policy of government brought about conditions which gave birth to the Greater England. The clever men who surrounded her were carried off their feet by her enthusiastic patriotism and inspired to do great deeds for the honor of Queen and Country. A study of Elizabeth's life and reign shows us that the virile quality of her mind was due in a large degree to her constant association with men of tough mental fibre and creative genius. Can we not perceive, in her logical, practical decisions, in her large vision and clear outlook, the direct influence of Raleigh, Bacon and other powerful thinkers of the period?

To cite another instance that will seem more real than the preceding to the trained nurse, we know that the foundation of modern nursing was laid by a woman who was stimulated and strengthened in her splendid work by the friendship and assistance of a noted statesman. One knows that in all her schemes for the uplifting of humanity (nursing the sick was only one) she depended very largely on the counsel and coöperation of some man friend of intellectual and moral power. One may say that Florence Nightingale had a genius for the right kind of

friendship with the right kind of men. The world would be much poorer were it not for the plans which she and Sidney Herbert drew out together, and if he did not live "to sing with her the song of their fulfilment," in the Temple of Fame, their names are inseparably linked.

The first historical account that we have of either man or woman describes their relations to each other. Down through the ages this relationship, at various times and in various countries, has become contracted or limited, then widened and re-adjusted, until its highest expression is seen to-day in social conditions of the Christian world.

No Nursing Sister who has gone into a Military Hospital in the right spirit but has been impressed by the almost unlimited power which she possesses to influence the destinies of the men who were willing to give their lives to protect and guard her. For that is really what our men are doing—fighting for ideals of honor and decency. A knowledge of this pierces her very heart and compels her to give of her best in sympathetic understanding and spirit of divine gratitude, as well as Service.

Our C. A. M. C. Sisters, accustomed to the comparative purity and vigor of a new country, are in many instances learning for the first time to measure the strength of the temptations which assail their brothers and friends in particular, and all men in general. Hidden volumes of the Brook of Life are revealed constantly in the theatres of war, and "(she) who runs may read"—nay, *must* read, and Memory is faithfully storing every sentence.

The hundreds of brave, sweet, skilful women who are so unselfishly devoting themselves to the welfare of the wounded are striking the noblest chords in man's nature. We see in this drawing together the dawn of a better understanding between men and women, a common basis on which to work for the attainment of higher ideals of altruism.

A great war sixty years ago was used by God as the occasion of the world's recognition of the need of woman's special gifts in the care of the sick and in social service. Perhaps the most universal effect of the war going on to-day is the intensified interest it has given to every vital aspect of life. Even the nurse has obtained a new perspective of her work in its relation to mankind—she sees ahead new vistas—hitherto unsuspected regions to be exploited in the future. Her intimate association with great masters of Surgery and Medicine, with philanthropists and reformers, is broadening her mind and enlarging her horizon. The perpetual contemplation of *constructive* work, the continual *repairing* in a world of devastation, is giving her original conceptions. Eternal principles have discovered their existence to her. It remains for some new Prophet of Humanity to declare himself and direct them. *Canada, en avant!*



## Editorial



The Editor is pleased to announce that Miss Eunice Dyke, Director of the Public Health Nurses of Toronto, has consented to arrange for a department on Public Health work in Canada. This will begin with the November issue and will be much appreciated by the nurses.



Another instance of the need of Registration is the letter sent to this magazine by an Association asking if there is anything that they can do to protect the public against a young woman wearing full uniform, charging the same fees as the graduate nurse, and, if not actually claiming to be a graduate, acts the part. She has only had twenty months in her school, was punished for an act of great carelessness, and refused to take her punishment, leaving the school. If the public only realized the importance of being protected by the fact that a registered nurse must be a graduate, half the battle for Registration would be won. There is a field, and a large one, for the supervised practical nurse, but a nurse in full uniform should be really, as she is in theory, a graduate of a regular standard training school. The school exploiting the nurse by claiming to give her a training sufficient to equip her for her future career would also be brought to book and a uniform curriculum and the practical experience needed would be insisted upon. When will all our women, not only nurses, wake to the need of some such protection for themselves and their families and work hand in hand with our leaders who are struggling to get this protection? It is a sign of the times that the National Council of Women, at their meeting in Winnipeg, brought in as one of their resolutions the need of universal Dominion Registration of nurses.



One of the subscribers living in New York who had renewed her subscription before the increased rate came into force, wrote to the Editor the other day, sending the extra dollar and a note of appreciation of the efforts that are being made to keep this journal in the front row of professional magazines. She may never know just how much her letter helped the Editor, who sometimes thinks that subscribers only remember the magazine when a copy is missed, or there is a delay in mailing. Do write if you can and say just what you like best in your paper, or what changes you can suggest to improve it.

Among the casualties recently reported we deeply regret the death of Nursing Sister Sarah Ellen Garbutt, of Oshawa, Ontario, and Nursing Sister Etta Sparks, of Britannia-on-the-Bay, Ontario.

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In connection with the nurses gone overseas a plan is under way to provide in some form a Rest Home for those who, while they may not have been wounded, or strictly speaking, in need of Government help, may yet need a few weeks' quiet rest and freedom from work or worry. Definite work is being done to present some such plan to the women of Canada, the nurses feeling sure that those who have looked after the comfort of everyone else who has gone overseas in the service of his country will not fail us in our care of the Nursing Sisters.

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## The Night Nurses At The Front

(By One of Them)

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Hush-a-bye, nursie,  
On the hostel top floor;  
That's not a bombardment—  
It's just the front door.

Hush-a-bye, nursie,  
In spite of the clatter;  
'Midst splashes and knockings  
And day nurses' chatter.

Hush-a-bye, nursie,  
Eat breakfast for dinner,  
Get gradually paler  
And visibly thinner.

Hush-a-bye, nursie,  
You're blamed for a lot,  
Black pans and lost saucers—  
Ends of night lights still hot.

Hush-a-bye, nursie,  
When you cut bread and butter  
That hour in the night-time,  
Don't talk—only mutter.

Never mind, nursie;  
What would the staff do  
When everything went wrong  
If they couldn't blame you?





## Chief Superintendent's Annual Report, 1916

(Continued from last month)

The Vancouver District has had a good year. The returns show increases in patients and visits. The work has been extended into the Point Grey District. The finances are in good condition, and the mortgage of \$1,000 on the Home was paid off during the year. The Local Committee took an active part in the "Better Babies Contest," held under the auspices of the Local Council of Women. North Vancouver, including Lynn Valley and Capilano, South Vancouver, Kingsway, Burnaby (including North Burnaby), and Richmond, on Lulu Island, have all had a good year, reporting increased work. The question of funds has caused the Committee some anxiety. The New Westminster branch reports a good year.

Victoria has had a busy and prosperous year. The British Columbia Government gave \$500.00 to be divided between the Vancouver and Victoria branches. The Revelstoke Hospital reports a hard but successful pull to keep the Hospital out of debt and still give efficient service. The President reports increases in patients and in hospital days. The Chase Hospital was re-opened in May under the Revelstoke Hospital Society, but efforts are being made to have it taken over by the Town of Chase. The Victorian Hospital at Kaslo reports a good year. The finances are in better condition than last year. With the assistance of the ladies of the Kaslo District Committee of the Victorian Order of Nurses, a new operating table is being put in. Glass doors to enclose presses on the upper floor and ground floors have been added, and are very much appreciated. This Committee is a very great help to the Hospital Board and Matron.

The little hospital up the Cariboo Road at Quesnel keeps along in a quiet way, rendering excellent service to the people in that out-of-the-way place.

In February of last year the Board of the Lady Minto Hospital at Ashcroft found that they were unable to finance the institution, and requested the Order to do what they could for the district. The Executive Council decided that, in view of the fact that there was great need for hospital and nursing care there, it would be well to make an effort to keep the little hospital open. It has been managed and financed from the Central Office since, and has proved a success. A Matron, Assistant Nurse and cook have been employed, and district nursing has been done out from the hospital when required. Miss Payne, who was Matron for the year, managed the work so economically that the hospital has needed very little assistance so far. The whole business section of the town was wiped out by fire during the summer, and the little hospital was a haven of rest to many until other accommodation was provided. On Salt Spring Island the hospital at Ganges is doing good work. It has been up-hill work for the Board to keep things going, as most of the young men on the island have gone to the front.

That gives in very short form what has been done during the year in six branches in Nova Scotia, one in New Brunswick, nine in Quebec, twenty-eight in Ontario, five in Manitoba, eleven in Saskatchewan, five in Alberta, fourteen in British Columbia. It is full of interest, and contains much of promise, but there is a great deal, a very great deal, still waiting to be done.

If you will bear with me a short time longer, I should like to go back a little further so as to show along what lines the Order has developed, and thus to point the way for future developments. The table showing the gradual growth of the work, in so far as number of patients, number of nurses, and of visits are concerned, is in your hands, and I need not repeat it. The growth falls into three divisions—the early, formative years, 1898-1900; the years under the stimulus of the Hospital Scheme—1900-1908—and the years marked by the development of the Country Scheme—1909 to the present time.

(Continued in next month's issue)

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.





### The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.

Second Vice-President—Miss Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Club Room, 638a Dorchester Street West.

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### ST. FRANCIS AND THE BIRDS

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Over the ocean, long ago,  
 In the land of Italy,  
 Lived a good man named St. Francis,  
 Francis of Assisi.  
 Neither silver nor gold had he,  
 His roof was the sky above,  
 But he helped the sick and needy,  
 And told them of God's love.  
 And all men he called his brothers,  
 The birds and the flowers, too,  
 And one day he preached to a flock of birds  
 A sermon good and true.  
 They fluttered and twittered about him,  
 And when he was old, 'tis said,  
 A choir of larks sang to him  
 As he lay on his dying bed.  
 For the birds and flowers all loved him,  
 They know their friends, you see;  
 He was kind to man and bird and beast,  
 St. Francis of Assisi.

—*The Kindergarten Magazine.*

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Friendship, fragrant as the breath of flowers, adds grace and sweetness to the darkest hours.

# News from The Medical World

(By Miss Elizabeth Robinson Scovil)



## THE CARE OF THE FEET IN PREGNANCY

The *Medical Record*, in an article on this subject, lays much emphasis on the proper care of the feet both during pregnancy and the period of recovery. In pregnancy all the tissues of the body are softened and the foot joints are subject to the same changes. After confinement the flabbiness of the calves shows the extent of the atrophy on account of inactivity. The coldness and tingling sensation in the feet and the weakness of the knees on first sitting up may be the forerunners of permanent flat-feet. When painful feet are complained of in pregnancy they should be strapped at once and the strapping continued as long as is necessary. A suitable shoe should be provided and proper exercises prescribed. The patient is seated with the knees crossed. The foot is bent slowly up and down, then completely rotated to right and left at the ankle joint, the movements being increased until each is done fifty or more times. The toes should be trained to grasp a small rubber ball, like a ping-pong ball. These exercises should be continued during convalescence, and will prevent the feet from increasing in size.

## ACUTE DIARRHOEA IN INFANTS

The *Journal of the American Medical Association* gives some hints on the care of infants with acute diarrhoea. The child should be kept in the fresh air and outdoors in the shade if the weather is hot. Change to the seashore or the country is advisable. Castor oil should be given; food should be withheld. Plenty of water should be given. If water cannot be retained in the stomach it may be retained in the colon from an enema. If neither is effective, try giving it hypodermically, as water is absolutely necessary. If the child is hot, cool by sponging with tepid water; if cold, apply dry heat. Keep the abdomen warm, the rest of the body cool. The mouth must be kept clean by gentle measures. Use antiseptic precautions for nose and mouth secretions, diapers, bedding and clothing. Petrolatum spread over arms and buttocks prevents irritation from the excretions and is not conducive to germ growth.

## MILK IN THERMOS BOTTLES

A Swiss medical journal observes that milk kept warm in a vacuum bottle is an excellent culture medium for germs. It advises that the milk should be poured in boiling hot, as this helps to keep it properly.

## IODINE FUMES IN CHRONIC CYSTITIS

A Spanish medical journal recommends the use of the fumes of iodine in chronic cystitis. Iodoform is placed in a spindle-shaped glass



receptacle with an opening at the top and the open ends drawn out to permit a rubber tube to be slipped over each. As the iodoform is heated over an alcohol flame, the fumes of iodine are pumped through a catheter into the bladder. The only caution is to keep the amount of air injected within the capacity of the bladder. It is particularly valuable in tubercular cystitis and chronic cystitis with enlarged prostate.

#### TREATMENT OF BOILS

The same journal advises the application of a mercurial salve at the first sign of a furuncle, and touching the centre with carbolic or the actual cautery. The hairs are cut and the region cleansed with benzine; a small piece of mercurial plaster is laid on and over this one of oxide of zinc. These are changed once or twice a day and the part washed with benzine. A washing with hot water and medicated soap is given every day. When the boil is larger and painful, fomentations are applied, two or three per cent. hot solution of resorcin, with 20 or 30 per cent. alcohol. As soon as the centre shows pus, it is touched with carbolic on cotton wound with a toothpick. If not too much softened, the skin can be kept painted with iodine. If more boils appear, the surface can be covered with sulphur ointment, ichthyol or cinnabar.

#### RADIUM IN CANCER

The Massachusetts State Medical Society reports, from observations made by the Harvard Cancer Commission, that of 642 cases of cancer watched from 1913 to 1916 it was found that many in an advanced stage could be greatly benefited by radium treatment. In many cases it brought relief from pain, reduced the life of the growths, or caused them to disappear entirely, and apparently improved the physical condition of the patient. In 55 per cent. of the patients definite benefit resulted.

#### POISONING BY RHUBARB LEAVES

The *Medical Record*, quoting from a foreign medical journal, mentions a case of poisoning from eating rhubarb leaves cooked with spinach. The parents, four children from eight to thirteen years of age, and the servants ate the greens and a few hours later developed violent diarrhoea. All recovered rapidly except the father, who passed through an attack of epithelial nephritis. The symptoms pointed to oxalic poisoning. Rhubarb leaves contain  $1\frac{1}{2}$  per 1000 of potassium oxalate, a toxic salt of oxalic acid.

#### WAR BREAD

The London letter of an American medical journal says that war bread is made from wheat and flour milled to 81 per cent., to which a minimum of 20 per cent. of maize products, barley, oatmeal, rye, rice and beans must be added. This bread is more nutritious than the white bread made from wheat milled to a lower percentage, which was practically universally used before the war.

## Hospitals and Nurses



### NOVA SCOTIA

Many expressions of sympathy have been given to Miss Barrington on the death of her mother, Lady Barrington, at Sydney Mines.

Nursing Sister F. McInnes is enjoying a well-earned holiday after two years' nursing overseas in France.

Nursing Sister Allan is also in Halifax on leave, after active service for a long time.

Matron Pope, of the Station Hospital, has left for duty overseas. Before leaving she was the guest of honor at a tea held at the residence of Mr. McLarren, when she was presented with a gold identification disc by the N.S.G.N.A., of which she is an honorary president. This was presented by Matron Graham of the Pine Hill Convalescent Home, and the good news has been received of Matron Pope's safe arrival in England.

A letter has been received from a sister at Dalhousie Unit Hospital No. 7, in which she refers to a visit to that hospital by the King. "He went all around the grounds and tents, and was greatly pleased with the way we were celebrating Canada's birthday, and asked to have the Sisters presented to him. So we were all lined up, and had a real hearty handshake. He spoke about the pleasure of his last visit to Halifax. We considered it a great honor, as No. 7 was the only hospital which the King visited, although there are several British hospitals in the vicinity."

Miss Smith, superintendent of the Payzant Hospital, Windsor, was in Halifax recently for the annual meeting.

Mrs. Farthing has accepted a position in the Tubercular Tents of the Kentville Military Sanatorium. She took with her five members of the St. John's Ambulance Brigade, Halifax Division. This brigade is under the supervision of Mrs. McInto and eight nursing officers, who are members of the N.S.G.N.A. Members of the Halifax Division are helping at Pine Hill Convalescent Home, Pier 2, on special occasions, and at Kentville Sanitarium, and it is expected that others will be called shortly. The Brigade is also opening a canteen at Pier 2, and a rest-room for women and children returning from England. A nursing officer is always in attendance, with members of the Brigade.

Matron McKenzie, Pier 2, is enjoying a holiday at present. The many sisters who have crossed so many times on the hospital ship "Letitia" will be sorry to hear of her loss by running ashore in a dense fog just outside Halifax harbor. The wounded were safely transferred and brought safely ashore. About fifteen nursing sisters were stranded in Halifax for some days; fortunately no one suffered more than from the absence of trunks and belongings for a day. A very pleasant tea



was given to them by the president of the N.S.G.N.A., Mrs. Forrest. The superintendents of all the Halifax hospitals and many other nurses gathered to welcome Matron Cameron and her Sisters from the "Letitia."

#### ANNUAL MEETING OF N. S. GRADUATE NURSES' ASSOCIATION

The annual meeting of the Nova Scotia Graduate Nurses' Association, held Thursday in the Church of England Institute, was exceptionally well attended and proved valuable and interesting. The afternoon session, which began at 2.30 o'clock, was devoted to the reading of reports and finishing of old business.

Mrs. William Forrest, the President, who presided at the meeting, gave a clear report of the year's work, which showed the Association was making great strides and accomplishing a big work in the City. During the past year 45 new members had joined, making the total membership to date over two hundred; one hundred and thirty-six of the members are residing in the City and seventy have gone overseas. The financial statement showed that, where last year the Association had been in arrears, this year they had over \$75 balance in the bank.

The President also spoke of the splendid interest that had been shown by the members during the year. In the past the meetings had not been well attended, but during the past year every meeting had been well attended.

Reports were read from the various committees and discussed. The Sick Benefit Fund for Nurses reported only ten members up to date, and slightly over \$400 in the bank. So far none of the nurses had found it necessary to call upon the fund for aid. Matron Graham explained the fund was open to all nurses who joined and paid the annual fee of \$5.00. This entitled the members to five weeks' compensation during illness, at \$10 per week. Discussion followed whether it would be advisable to continue the fund if the nurses did not care to join. Thirteen of the delegates present said they would like to join the fund, so it was decided to continue.

The National Public Health Committee report was read by Mrs. William Bligh, who attended the convention held in June at Montreal. The report showed that rapid strides had been made in different Provinces in connection with Public Health.

Miss Pemberton was appointed a representative to the Halifax Board of Health with power to choose a committee.

Matron Doyle read the report of the Nursing Journal, edited by Miss Randal, of British Columbia. The Journal is in need of more funds.

Mrs. Bligh explained that at the annual meeting held at Montreal in June it was decided that each Association be asked to charge its members the additional fee of twenty-five cents, to go to the salary of Miss Randal, and to help enlarge the Journal. It was also decided the annual price of the Journal be raised from \$1.00 to \$2.00. The Halifax Association voted to do so.

The following committee was appointed to take charge of the interests of the Journal for Halifax: Nursing Sister Florence Fraser to solicit subscriptions; Sister Frances Fraser, news agent, and Miss Pickles, advertising.

Miss Bamford, Superintendent of the Children's Hospital, reported that the Nurses' Register was progressing satisfactorily. At present there were thirty nurses enrolled. The only difficulty she had was in getting the nurses to report when on call. Mrs. Bowman, convener of the committee, was not present, but the President told of the success of the registration committee in her report.

Mrs. Bligh gave the report of the sixth Annual Convention held at Montreal, and the meeting was brought to a close.

At seven o'clock a delightful dinner was held at the Halifax Hotel, when sixty-five members of the Association were entertained. It was a most happy dinner and heartily enjoyed by all.

A happy part of the dinner was the presentation to the retiring President, Mrs. William Forrest, of a beautiful basket of flowers and a ring, as a token of appreciation from the Association for her untiring efforts during the year and the splendid way in which she had conducted the affairs of the Association. Mrs. Corston made the presentation on behalf of the Association.

The evening meeting was devoted to new business and important discussion in connection with new work to be undertaken. The question of mid-wives being permitted to practice in Canada was thoroughly discussed and a resolution passed opposing the measure allowing the mid-wives to practice. A committee was appointed to look into the matter, including the following: Mrs. Bligh, Miss Pickles and Miss Winnifred Read.

The following committee was appointed to conduct the affairs of the Nurses' Register; Miss Dora Burgoyne, Matron Doyle and Miss Mary Anderson.

Mrs. Bligh was made Convener of the Suffrage Committee, with Miss Pickles and Miss W. Read as members.

Miss Bamford was elected Convener of the Provincial Registration Committee with Miss Pickles and Mrs. William Forrest as assistants.

The following officers were elected for the coming year: Hon. Presidents, Mrs. William Forrest, Miss Pemberton, Miss Kirk and Matron Pope; President, Miss Katherine Graham, Matron Pine Hill Convalescent Hospital; Provincial Vice-Presidents, Miss McClarty, Protestant General Hospital, Glace Bay; Miss Watson, General Hospital, Yarmouth; Miss Sheraton, Aberdeen Hospital, New Glasgow; Local Vice-President, Miss S. Barrington, Halifax; Secretary, Miss Dora Burgoyne, Halifax; Treasurer, Mrs. J. J. Doyle, Matron Cogswell Street Hospital; Benefit Fund Treasurer, Miss McKiel, Halifax; Auditor, Miss Laura Dunlap, Pine Hill Convalescent Hospital.

The meeting, which was considered one of the most successful in the history of the Association, closed with the National Anthem.



## QUEBEC

A Provincial Association of Graduate Nurses was recently formed. The first meeting was held in Montreal, when Miss Grace Fairlie was elected President.

## ALUMNAE ASSOCIATION, R. V. H., MONTREAL

The following nurses of the graduating class of '17 have lately taken positions: Miss Sara Matheson, Nurse in charge of the Surgical Floor of the Sydney General Hospital; Miss C. D. McLeod, Resident Nurse at the Mary C. Wheeler School at Providence, Rhode Island. Miss Warren has accepted an appointment in the Toronto Military Hospital. Miss V. MacMillan is in charge of the Men's Surgical Ward "F," R.V.H. Miss Elma Clarke has accepted an appointment in the Toronto Military Hospital. The A. A. sympathize very sincerely with her in the loss of her brother at the front. Miss V. M. Peck is returning to take charge of the Woman's Surgical Ward "E," R. V. H.

Miss Guernsey (class of '07), and Miss Legge ('06), who have been at the R. V. H. during the summer, have left to take the Teachers' course in Columbia University, New York; Miss May Griffin ('12) is also taking the course.

Miss Till (class of '02), who has been in charge of the Gynecological Operating Room in the Presbyterian Hospital, Chicago, has returned to take charge of one of the operating rooms in the R. V. H.

Miss Paterson (class of '13) is now in charge of the operating room at the Military Hospital at Taplow Lodge, Bucks, England. Miss Fanny Munroe is in the same hospital.

Sister Frances McKeen has resigned her commission in the C. A. M. C., and is to be married in September to Captain Henderson, M. D. All best wishes of her friends in the A. A. go to her.

Miss Russell (Class of '96), who was ill during the summer, has quite recovered, and has returned to MacDonald College as assistant to Miss R. Stewart.

Sister Gertrude Usborne, who was invalided home from the front last year, is now much improved in health.

Nursing Sister Jessie Sedgewick paid a flying visit to Montreal on her return from leave spent with her people in Ontario. She sailed for England on the 20th of September.

Miss H. L. Lewis (Class of '96), until recently Superintendent of the Montreal Maternity Hospital, paid a flying visit to her Montreal friends on her way home to Kingston from Metis and Saranac. Her niece, Miss Hague (Class of '17), is at LeTreport.

Cards have been received lately from Nursing Sister Margaret Ogilvie (Class of '16), of the Q.A.I.M.N.S., en route for Egypt.

Sisters B. Merriman, D. Sanderson, A. MacNish, H. A. Pomeroy, B. Anderson and G. French are at Kitchener's Military Hospital, Brighton, England.

Mrs. H. Roy Smith (Geraldine Tessier, Class of '13), has gone to Cochrane, Ontario, to live, Mr. Smith having received an appointment with the Canadian Government Railway there.

The Alumnae Association extend congratulations to the following members: Mrs. Simpson (Miss Monroe, '09) on the birth of a son; Mrs. Goodfellow (Miss C. Jones, '07), a son; Mrs. Dalrady MacDonald (Miss Whelply, '14), a daughter; Mrs. J. Oliver Hamilton (Miss Chisholm, '14), a daughter; Mrs. Ross (Miss Hope Sewell, '14), a son.

The following engagements are announced: Miss Margaret Drummond ('16) to the Rev. I. A. Montgomery, B.C., of Knox Church, Montreal; Miss Violet Dickinson ('15) to Mr. Peter Duff, St. John's, Nfld. The former is in charge of the Soldiers' Ward at the R.V.H., and the latter of the Out-door Department.

Announcements have been received of the marriage of Sister Jessie Reid, C.A.M.C., to Lieut.-Col. G. E. Armstrong, which took place at St. Michael's Church, Paddington, London, on Wednesday, 5th September, 1917, at 9.30 a.m. Mrs. Armstrong acted as treasurer for the A.A. for two years and has been greatly missed. The A. A. cabled their congratulations to Col. and Mrs. Armstrong on the morning of their marriage.

Miss Frances Young ('16) is at the Naval Hospital, Halifax, and writes an interesting description of it. It is beautifully situated and was opened for patients the end of July.

Miss Dorothy Sanderson writes most interestingly of her work at the Kitchener Military Hospital, Brighton. Her description, in a former letter, of their experiences when their vessel was torpedoed off the Irish coast, was most thrilling. They were in the open boats about half an hour before they were taken on board a mine-sweeper and then on a destroyer and safely landed. The boat did not sink, but reached port, so they lost none of their luggage.

#### MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION

Miss Mary McRae has just returned to the city after several weeks holidays at her home, Campbellford, N. B.

Miss K. N. Wilson is spending a month or so at Dover, Maine.

Nursing Sister Nina Sharp, after arriving in England, was sent to Ontario Military Hospital at Orpington, Kent Co. Nursing Sister M. Christie is also there at present, who formerly had the honor of being mentioned in dispatches.

Nursing Sisters V. and L. Larter, after arriving in England, were sent on to No. 3 Canadian General (McGill) at Boulogne, France.

Nursing Sister Dora Jones is stationed at present in No. 1 Canadian General in France.

Miss Anna Kennedy and Mrs. P. Gordon, of Sherbrooke General Hospital, have each spent their summer holidays at Old Orchard, Maine.



Miss Jamieson returned after five weeks with her parents at Winchester, Ont.

Mrs. Thames (nee Miss Wyman, Class '11), of Jacksonville, Florida, has recently undergone a serious operation and is now making a very favorable recovery. Her many friends here will be glad to hear this news of her progress.

Miss MacFarlane spent a couple of weeks in the Eastern Townships and then had a very pleasant motor trip through New York State to Toronto, where she remained a few weeks more before returning to Montreal.

Miss Beeksted is gone for a month to visit relatives in New York State and Province of Ontario.

Late news from No. 2 Canadian Casualty Clearing Station near Ypres, in France, says Nursing Sister Mildred Forbes is Matron, Nursing Sister Isabel Davies is in charge of the Operating Room, while Nursing Sisters Louise McLeod, Laura Holland and Evelyn Whiting are also there.

Miss Sara Fraser has been spending the summer out of town.

Mrs. Frank Lamb (nee Betty Anderson, Class '11) and Mr. Lamb took an inland boat trip from Montreal via Ottawa and the Rideau River.

Nursing Sisters Clare Gass, Beatrice Moores and Molly MacDermott have all been on leave to England, the two former making trips through Scotland.

Some of our nurses from Laval Unit have experienced an air raid in Paris, and some from McGill Unit have had the same experience in London lately.

We have been informed from the front that nurses who go to Canadian Casualty Clearing Stations, are kept on duty there for a definite period of six months, so as to give everyone possible that wished-for experience.

Miss Eva Gibson, who has been doing private nursing in New York City for the past three years, is now taking a post-graduate course at Harlem Hospital there.

\* \* \* \*

#### ONTARIO

Miss Green, graduate of St. Michael's Hospital, has taken the position of superintendent of the Lachine General Hospital, Lachine, Que.

Miss Frost, graduate of St. Michael's Hospital, Toronto, who has been taking a post graduate course at the V.O.N. Training School, Toronto, has returned to her home in Vancouver to do private nursing. Misses Kelly and O'Connor, graduates of the same school, have gone to Calgary, Alberta, where they intend to do private nursing.

Miss A. Christie received honorary mention for her valuable services overseas; she is now on leave at home.

Miss C. McDonald, a member also of St. Michael's Alumnae Association, entered St. Joseph's Convent, and on the 15th of August received her final vows. Miss McDonald is now known as Sister M. St. Hugh.

St. Michael's Alumnae Association held their monthly meeting at St. Michael's Hospital on Monday, September 10, Miss Fay, the president, in the chair. A very interesting report of the convention held in Montreal was read by the secretary. After the usual business, refreshments were served by the members of the graduating class of 1918.

Miss Margaret Morrow, graduate of the Collingwood G. & M. Hospital, has resumed her duties at the Pembroke Hospital.

Mrs. Munroe (Kate Spearing) spent a few days in Collingwood on her way to Ottawa to see her husband before he goes overseas. She will then return to Fort William, where she holds a position as school nurse.

Miss Mary McCulloch, superintendent of the G. & M. Hospital, Collingwood, is spending her holidays with her sister in the West. Miss Alice Gilpen is in charge during her absence.

The regular meeting of the K.G.H.A.A. was held on September 4th in the Nurses' Home, Kingston, the President, Mrs. Nicol, in the chair. Arrangements were made for the filling of forty Christmas stockings for our nurses overseas. The conveners for the Tea and Sale to be held in November for the Red Cross were appointed, and plans made for a tea to be held at the home of Mrs. S. F. Campbell by the nurses for the military nurses in Kingston. At the special meeting in June \$25.00 was voted for the special fund for the salary of the editor of "The Canadian Nurse."

Nursing Sister Lillian Comerty, Kingston, who has spent two years with No. 7 Queen's Hospital in France and Egypt, is home on leave until November.

Matron Bertha Willoughby, of No. 7 Queen's Hospital, formerly superintendent of nurses at the Kingston General Hospital, was invested by the King with the Royal Red Cross, First Class, at Buckingham Palace.

Nursing Sisters Charlotte McAllister and Florence McCallum, who have been in France for two years, and are now on transport duty, are in Kingston for a few days. Both are graduates of the Kingston General Hospital.

Nursing Sisters Gussie Wright, G. McColl and O. Wilson, Kingston, left for overseas in June, and are now at Kitchener War Hospital, England.

Miss F. McLeod, Kingston General Hospital, is matron of Military Hospital, Queen's, Kingston, Ont.

Miss Gertrude Smith and Miss Mary Boyce have been appointed as Operating Room Supervisor and Night Supervisor at the Kingston General Hospital.



The regular monthly meeting of the Essex County Nurses' Association was held on September 19th. The Honorary President, Dr. L. G. McCabe, gave a very interesting lecture on Tuberculosis. Delegates were appointed to attend the Conference on Corrections and Charities held in Ottawa.

Miss Josephine Landeau, graduate of the Hotel Dieu, Windsor, Ont., has accepted the position of Superintendent of Nurses.

Miss Elizabeth Giffin, Hamilton, has resigned her position as superintendent of the Bethsaida Hospital, Zanesville, Ohio.

Miss Gertrude Price has accepted the position of Night Supervisor at the New Mountain Hospital, Hamilton.

Miss Bessie Sadler has received an appointment as school nurse on the staff of the Hamilton public schools.

Miss Greenwood's (Hamilton) many friends will be pleased to know that she is convalescent after a serious operation.

Miss Marion Ross has returned to her duties overseas after spending several weeks at her home in Hamilton.

The engagement is announced of Margaret Weir, daughter of Mr. Thomas Webber, Hamilton, to Mr. E. Burton Mealley, the marriage to take place in October.

The graduating exercises of the Nicholl's Hospital, Peterboro, were held on Tuesday, May 22nd, in the Collegiate Hall. The following nurses received their medals and diplomas: Misses M. Graham, M. P. McGregor, L. H. Nugent, M. J. V. Joy and M. McGowan. In the absence of Mr. Richard Hall, through serious illness, Mr. John Crane acted as chairman. An address was given by the Rev. Mr. Payne. After the conferring of the diplomas, an address was given by Major G. L. Cameron, who regretted the absence of the president of the board, and hoped that he would soon be restored to complete health. He gave a brief history of nursing, and referred to the graduates of Nicholl's Hospital (fifteen in number), who were doing such good work overseas. Bandaging prizes were then presented to Miss L. M. Nugent and Miss M. Graham by Dr. Angus. A delightful musical programme was given by friends, and flowers presented to the class by the Board of Directors.

During the summer Dr. Frederick visited Peterboro for a brief furlough.

Dr. MacPherson, Peterboro, has returned and resumed his practice.

Nursing Sisters Davidson and Kennedy, Peterboro, are in the Duchess of Connaught Hospital, Taplow, England, and are enjoying the work.

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#### MANITOBA

The graduating exercises of the Children's Hospital of Winnipeg were held on Thursday, September 13th, 1917. The following nurses graduated: Misses May M. Hunt, Irene Ireland, Emma Priest, Elsie Line, Isabelle Pattie, Margaret H. Kerr-Wilson and Dorothy M. Young.

The Mary Walker prize for general proficiency, presented by Mr. Geoffrey Walker, was obtained by Miss Dorothy M. Young. The prize for charting, given to the Intermediate Class by Dr. Campbell McArthur, was won by Miss Dorothy Cuddy.

The president, Mr. G. H. Walker, was in the chair, and Sir James Aiken, Lieutenant-Governor of the Province, gave a most interesting address to the Graduating Class. Lady Aiken presented the medals and diplomas, and gave to each graduate a copy of Maeterlinck's Blue Bird. The rooms were very beautifully decorated with orange lilies and autumn leaves, and after the exercises tea was served. A dance was given to the nurses in the evening, and a dinner on September 11th to the Alumnæ of the Children's Hospital.

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### BRITISH COLUMBIA

Nursing Sisters Steele and McCallum arrived in Vancouver in charge of the Military Hospital train. Miss McCallum is spending a short furlough at her home in New Westminster. She left with the British Columbia Hospital No. 5, and has been in Salonika most of her time overseas, but expects to return to France at the end of a few weeks.

The regular quarterly meeting of the Graduate Nurses' Association of British Columbia was held at the Nurses' Club, Vancouver, B.C., on Friday evening, September 21st.

Miss Randal, president, was in the chair. After the routine business, matters of importance to the profession were discussed, including the policy to be adopted this session relative to the bill providing for the registration of graduate nurses.

Papers were read by Miss Snyder, lady superintendent of the Vancouver General Hospital, and Miss Janet Campbell, local sanitary inspector. Arrangements were made for the making up of Christmas parcels for the nurses from British Columbia serving at the front, and it is expected that more than one hundred will be shipped this year.

Miss Carmichael, matron at the General Hospital at Prince Rupert, has come to Vancouver to spend her vacation.

Miss L. Davenport and Miss Maria MacDonald, recent graduates of St. Paul's Hospital, Vancouver, B.C., have left for North Battleford, Sask., where they have taken hospital positions.

A baby clinic to treat children from the time of birth to six years of age is to be established at the city health office in Victoria. The inauguration of the project grows out of recommendations made by the Conservation of Life League in that city. The age is set at six years, because from that age upwards the children of school age come before the doctor and nurse in connection with school health. Advice will be given mothers as to the care of young children, and booklets on the subject distributed.



### Births

HAFFEY—On June 23rd, 1917, to Dr. and Mrs. M. J. Haffey, a son. Mrs. Haffey was Miss Gertrude Gibson, graduate of St. Michael's Hospital, Toronto.

HEWITT—At the Private Pavillion, Toronto General Hospital, on September 17th, 1917, to Captain S. R. D. Hewitt, C.A.M.C., C.E.F., and Mrs. Hewitt, a daughter. Mrs. Hewitt (nee Miss Edna Dow) is a graduate of the Toronto General Hospital, 1911, and went overseas with the University Base Hospital in May, 1915, being invalided from Salonika with dysentery in July, 1916, resigning her commission and returning in October of the same year.

MCCORMAC—To Mr. and Mrs. McCormac (Mrs. Laura Snider, W. G. H., '02), at 198 Church Street, St. Ana, California, on May 20th, a daughter.

McKINNON—To Mr. and Mrs. D. McKinnon (nee Miss E. Arnott, W.G.H., '11), on May 18th, at Clairmont, Alberta, a daughter.

WILLIAMS—To Captain and Mrs. Williams (nee Miss E. Davis, W. G. H., '14), at Teddington, England, on May 8th, a daughter.

FORRESTER—To Mr. and Mrs. James Forrester (nee Vick, W. G. H., '10), July 1st, 1917, a son.

SMITH—To Mr. and Mrs. Frank Smith (nee Brownridge, W. G. H., '12), at Portage la Prairie, Man., June 25th, 1917, a daughter.

STEWART—To Mr. and Mrs. James Stewart (nee Rooney, W. G. H., '11), of Winnipeg, a daughter.

JONES—To Dr. and Mrs. Jones, at Saskatoon, June 21st, 1917, a son, Laurence Latham. Mrs. Jones was Miss Estelle B. Hamblin, graduate of Toronto Western Hospital, class 1910.

CHANDLER—At Charlottetown, P. E. I., on September 6th, 1917, to Mr. and Mrs. Frederick S. Chandler a son. Mrs. Chandler was Miss Martin, graduate of the Royal Victoria Hospital, Montreal.

WHITELOCK—At 189 University Avenue, Kingston, Ont., August 27th, 1917, to Dr. and Mrs. C. K. Whitelock a daughter. Mrs. Whitelock was Miss Stella Reid, class '14, Kingston General Hospital.

BURNETT—At Hamilton, July 4th, 1917, to Dr. and Mrs. Burnett a son.

### Marriages

MURRAY-WALLINGTON—On May 3rd, Dr. A. A. Murray to Miss V. Wallington (W.G.H., '13), by Dr. DuVal at his residence.

FULTON-LAYTON—At Lachart, Alberta, at the home of Mr. Duncan M. Layton, October 19th, 1916, by the Rev. A. D. Miller, Miss Mary Layton (W. G. H., '08), to Mr. Charles Fulton, Vegreville, Alberta.

MURRAY-DORMER—At Stonewall, Man., on July 4th, Dr. Wm. A. Murray, C.A.M.C., to Mary Louise Dormer, W. G. H., '14.

MAGEE-FALLIS—At Winnipeg, Man., on July 11th, 1917, Miss Mary Evelyn Fallis to Dr. R. C. E. McGee, of Napinka.

LUCY-ALLEN—On June 13th, 1917, in Kingston, by the Rev. H. C. Curry, Jennie Allen to G. F. Lucy, of Dauphin, Man. Miss Allen is a graduate of the Kingston General Hospital.

BUSH-McDOUGALL—At Finch, Ont., on September 18th, 1917, Collena McDougall to Walter Bush. Miss McDougall was a graduate of the Kingston General Hospital.

JAMES-MATHESON—On September 15th, 1917, at the residence of Mrs. William Matheson, Governor's Road, Hamilton, by the Rev. D. Wallace Christie of Chalmer's Church, Woodstock, Catherine Jean Matheson to Mr. Henry H. James, of Hamilton. They will reside on Hilda Street, Hamilton.

BOUSELEIL-SYLVESTRE—On September 5th, 1917, at St. Anne's Church, Tecumseh, Ont., Miss Estelle Sylvestre to Mr. Victor Bouseleil. Miss Bouseleil is a graduate of the Hotel Dieu, Windsor, Ont.

### Deaths

McCABE—At the Hotel Dieu, Windsor, Ont., September 30th, 1917, Ruth McCabe, R. N. Miss McCabe was a graduate of Mercy Hospital, Denver, Colo.

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No. 11

## The Canadian Nurse and Hospital Review

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## The Nursing Spirit

(Isabel Maitland Stewart ('02), Assistant Professor Department of  
Nursing and Health, Teachers' College, Columbia University, N.Y.)

In this anxious and critical time, when so much depends on our armies and their power not only to hold out but to win a decisive victory in the field, we are constantly debating the question of what after all makes one army superior to another, and what are the essential qualities of a good soldier. Technical skill is of course taken for granted. Intelligence and initiative are beginning to be recognized as fundamental, but the thing which seems to be considered as perhaps the greatest factor in a long-drawn-out struggle such as this, is the morale of the army, or its spirit. So, when we hear of the still undiminished gaiety and gallantry of the French poilu and the rare and sturdy courage and tenacity of our own British Tommies, we take heart again because we know that, in spite of difficulties and delays, the final test will not find them wanting.

If armies stand or fall by their morale, it is equally true that the soundness and strength of our nursing body will be judged in the last analysis by the quality of its spirit. We do not underestimate the value of technical efficiency, which comes with careful training, nor the vital importance of intelligence and scientific knowledge, but these alone can



never make a good nurse, any more than they make a good soldier or a good artist. Just as there is a special body of knowledge and a special type of skill or technique belonging to every different art and profession, so there is developed a characteristic attitude of mind, a certain way of feeling about one's work, a certain spirit which more or less generally pervades the members of each craft. These attitudes and ideals are the product of environment and training, usually acquired unconsciously, but none the less potent in supplying dominating motives for the control of conduct. In the form of tradition and example they are passed down from generation to generation, becoming embedded in social forms and customs, and being maintained by the forces of law and public opinion. The spirit of the British Navy, for example, is the spirit of a long line of naval leaders and heroes, from Drake to Jellicoe, and those ideals of courage, tenacity and daring we have come to accept as characteristic of the whole body of naval officers and men.

No one who has watched the effect of the training on a body of soldiers or sailors can doubt the profound influence of the spirit which it breeds in them. Besides putting its own stamp on every member of the corps, it binds them together in sympathy and goodfellowship; it promotes loyalty, obedience and coöperation; it develops a sense of responsibility, trustworthiness and honor, and it supplies motive power for overcoming often tremendous obstacles and discouragements. Morally it seems to pull up the weaklings and stiffen their fibre, and on the whole to develop a more robust and self-respecting type of character.

Kipling has shown us what it means for a corps to be without such a spirit:

"We was rotten 'fore we started—we was never disciplined—  
We made it out a favor if an order was obeyed;  
Yes, every little drummer 'as 'is rights and wrongs to mind,  
So we 'ad to pay for teaching—an' we paid."

As nurses, we have always prided ourselves on our professional solidarity, our splendid traditions, and our fine spirit. Certainly no body of men or women can point to a more glorious history. A standard has been created for us which it is not easy to live up to, and so when great crises are to be faced and unusual situations to be met, it is not much marvel that we should all be a little anxious to know how our profession has stood the test. Those who have gone to the firing line represent the whole body of nurses; where they are strong we should probably be strong, and where they fail we also should fail. So it seems a great opportunity for taking stock and finding out where we stand and how we compare with those splendid nursing ancestors from many lands who have built up our traditions and given us the vision of the true nursing spirit.

What kind of a spirit is it and how are we to distinguish it from the military spirit, or the spirit of the medical body or any other special

group? Fundamentally, the nursing spirit is closely akin to the spirit of the mother, the nursing impulse being rooted in the maternal instinct, which shows itself in the desire to protect, nourish and care for those who are weak and helpless and ailing. De Saleeby calls the nurse the foster-mother of the race, and pictures her as the great conservator of life. This function of conservation is shown most dramatically where we have such a spectacular wasting of life as in the present war. We can almost see the nurse picking up the fragments, hoarding the stores of wasted energy and feeding the flickering flame of life till it glows again. Those who are most violently opposed to war contend that nursing and medical care simply prolong the tragedy by making it possible for more men to be patched up and flung back into the firing line. But where great principles are at stake, and men must be raised up to defend them, the salvage corps contributes more than the recruiting agent, because it economizes the man power and sensibly increases the total strength of the nation. It has been definitely stated that those nations which have had the service of an ample corps of thoroughly trained nurses have shown a decidedly higher percentage of recoveries and an appreciably shorter average term of convalescence than those who have had to depend on unskilled and undisciplined volunteers. We should be very much surprised and disappointed if such a saving could not be demonstrated by actual statistics, not only because it would be a needed demonstration of the superior value of expert knowledge and skill, but because it would show that the passion for life-saving which has always been so strong in nurses and particularly in such great leaders as Florence Nightingale, is still as potent as ever.

Like her prototype, the mother, the nurse has also shown herself to be a good fighter, especially where the life or welfare of her charge is menaced. We think at once of the nursing knights of the crusades, whose function it was not only to comfort and relieve the sick, but also to defend and protect them by force of arms, if necessary. This fighting spirit the nurse shares with the soldier, developing a kind of feminine chivalry which has been wonderfully illustrated in the case of the nurses on a torpedoed transport, who refused to accept life-belts from wounded men and insisted on "Tommyes first," in spite of the old familiar rule of the sea. Like the soldiers, too, we expect the nurse to show the Spartan spirit, with its contempt for selfish indulgence, its fearlessness in the face of danger, its courage and hardihood and daring. It is good to know that in Serbia and in Belgium and wherever men have gone to face death and disease, nurses have gone too, showing the same old hardy adventurous pioneer spirit which has won for them so many laurels in the past. They have stayed at their posts, like good soldiers, and some of them, like Edith Cavell, have met death, but we hear of none who have deserted.

Patriotism is a virtue which, like many of the others mentioned, is not confined to any single group. In the nurse, however, we expect a readier response to the call of duty, a greater willingness to sink her individu-



ality in a common task, a greater steadfastness and trustworthiness in positions of responsibility, than we find usually among amateur volunteers of equal patriotic devotion, but without the long experience in meeting critical situations and the habit of ready obedience and intelligent coöperation. These qualities we draw largely from our soldierly spirit and training.

But we have a great many traditions which come from a very different source. For many centuries the religious orders were almost the sole representatives of the nursing and philanthropic spirit, and the monastries the only harbors of refuge from the cruelties and turmoils of life. Pre-eminently theirs was the spirit of hospitality, of charity, and humanity which gave comfort, assistance, and nursing care to all who came, regardless of race or color or creed. They ministered to friends and enemies alike, and, though their motive was not entirely free from self-seeking and narrow sectarianism, they showed a spirit of democracy and brotherhood which has been a great inspiration and example to every nurse and social worker. It has been a matter of great pride that, through all the passions and prejudices aroused by war, nurses and physicians of all nations have been able to maintain so well these traditions of impartial and disinterested service and professional fellowship. It gives us more faith in the final triumph of that world spirit of internationalism which we all look to see in the future.

There is another tradition which we owe to the religious orders. It is suggested in the name of "Sister," which their members still bear, and which European nurses generally retained, but we discarded, after the secular system was established. I am glad the name has come back into current use among our nurses, because it serves to emphasize a kind of relationship between the woman-nurse and the man-patient, which is unique and perhaps apt to be overlooked. In older and more barbaric times it was necessary to wrap the nurse round with a special robe of sanctity, and to hedge her about with vows and prohibitions, in order to allow her to carry on her work among men with safety and self-respect. The secular servant nurse of the Gamp type was so glaring an evidence of moral failure that it was necessary to re-establish public confidence and trust in any kind of a secular nurse. We owe it to Florence Nightingale and the splendid women who followed her that the idea of sex-adventure and sex-exploitation has so largely been eliminated from the relationship of nurse and patient, and that we have so fully demonstrated the superior protection and public respect that comes from the professional and more impersonal type of relationship. This is not incompatible with wholesome good friendship and mutual respect and regard, but it eliminates romantic philandering, discourages the deliberate exploitation of emotions and sensibilities which are not conducive to mental or physical repose and may unfit one to act with decision and good judgment in situations which usually demand the coolest and sanest judgment. No one wishes to deprive a nurse of any of the normal ex-

periences of life, but in her professional capacity she has to consider not only the greatest welfare of her patient and those about her, but the reputation of her profession, which is so easily injured by the thoughtlessness or indiscretion of any of its members. The frivolous and susceptible young amateur nurse, who is too often merely a thinly-disguised matrimonial adventuress, can be more readily forgiven for a lapse of this kind, but it is harder to excuse nurses who have been bred by a sterner and more honorable code. It would be untrue to say that no adverse criticisms of professional nurses have appeared on these or other ethical grounds, but considering the extent to which our members have been in the limelight, and the difficult situations in which they have been placed, we believe that we will not be ashamed when we compare them with other groups of women, and that few of them will fall down below our own best standards.

I might speak of the social or humanitarian spirit which shows itself in constructive, public-spirited effort to improve civic and social conditions, the religious spirit which is marked by a high type devotion to moral ends and reverence for the deeper and more spiritual things of life, the scientific spirit which is characterized by a spirit of inquiry, a devotion to truth, and a hatred of all forms of superstition, dogmatism and quackery. The nursing spirit has also been influenced to a considerable degree by our contact with medicine, which has always shown a high sense of responsibility toward the public, a fine standard of honor and courage, a spirit of great generosity and tolerance toward human frailties and weaknesses, and a loyalty to colleagues which is rather unique in professional relationships. These ideals nurses also share and aim to realize in their work.

It is too early to say just how the whole record will stand when the war is over and our heroes and heroines return. There will be a great gathering up of experiences and impressions, and there will be many thrilling stories to tell. But it will be of little profit as far as the profession is concerned, unless we are able to sift out all the evidence and find just where we have made good and where we have failed most conspicuously—where our training has helped us to meet these new and difficult situations and where it has been weak. If we are only assured that the nursing spirit is still sound and true, we can go forward with confidence to the greater tasks of the future which are clamoring to be done, and to the work of reconstruction in which our profession is certain to have such a conspicuous share.—*The Winnipeg General Hospital Alumnae Association Magazine.*\*

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Sir Thomas Oliver, the well-known physician, lecturing at Newcastle, mentioned that out of fifty-two consecutive compound fractures treated at the Northumberland War Hospital, all poisoned, not a limb nor a life was lost. Before the war such fractures, he said, almost invariably resulted in death or loss of limb.



## Some Medico-Sociological Problems Arising Out of The War

By W. H. Hattie, M. D.

*Provincial Health Officer, Halifax, N.S.*

*Read at the Canadian Public Health Association, Ottawa, September, 1917*

According to "The Passing Show" of a recent date, the officer said: "That's a pretty awkward lot you have now, Sergeant?" and the sorely tried sergeant-instructor replied: "That they are, sir. It's the like of them, sir, that brings 'ome to us what a 'orrible thing this war is, sir!"

Now, there's many a true word spoken in jest, and even though this may have been intended as a joke, it has a serious side. The average drill instructor is not only singularly facile in picturesque expression, but his words go as his bullets should—straight and true to the mark. The sergeant has given voice to an actual fact. In comparison with the men who marched away in the earlier stages of the war, it must be obvious to everyone that those recently enlisting average but poorly in physique, in alertness and in military adaptiveness. There has been great depletion of our most capable men, and we are in very truth but beginning to appreciate "what a 'orrible thing this war is."

It would be quite inconceivable that a war of such exceeding magnitude should not create a large variety of problems having a more or less direct bearing upon the health and efficiency of our people. All these problems doubtless have a bearing upon our physical well being, however indirect it may be. Many are in essence medico-sociological, and it is to some only of such problems that your attention is now asked.

Most appalling and most appealing of all the aspects in which the war affects us is, of course, the frightful toll of life. Out of the very best of the manhood of the world millions have rendered the supreme sacrifice in some martial service. Some day we may have tolerably accurate figures relative to these losses, but we will never be fully informed as to the number of civilian lives which have been blotted out in consequence of the rigors and distresses to which non-combatants have been and are being subjected. The suffering thus caused is immediate, and falls upon us. But what is to be the effect upon future generations? The men who have gone to the front are those who, in theory at least, were best fitted to father a vigorous and virile generation—a generation which might flourish despite unfavorable conditions of environment. The loss by death and disablement must almost inevitably have an effect upon the birth-rate and stock-quality of the next generation. The labors of world reconstruction must then devolve upon a depleted population handicapped by a relatively weak progenitorship. It would be easy to make alarmist predictions in the face of such possibilities, but this is no time for pessimistic prognostications. We must look forward in the same

spirit of determination and of readiness to do our bit which characterizes our lads in the battle line. Unrestrained but well-directed effort must be made to discover and apply those measures which will best counteract the disabilities with which we must contend, so that our supremacy may be in no way impaired or even threatened.

In some respects, at least, the war has thus far not had so prejudicial an effect as we once feared, even before a full appreciation of its stupendousness had been forced upon us. It is perhaps too soon to state assuredly that these early fears may not yet be realized, but with the advantage of a better perspective, and under compulsion to be more seriously attentive to the problems which we must solve, than in those days of relative light-heartedness, we may feel reasonably confident that many of our first apprehensions will never become really portentous.

In view of the human wastage being occasioned by the war, it is but natural that we should take an exceptional interest in the birth-rate. This, as is well known, has been the occasion of much anxiety in European countries for several years. While the effect of the war upon the birth-rate of enemy countries must, with us, be rather a matter of speculation, a number of seemingly authoritative returns indicate that there has been a marked falling off in the number of births in those countries. In Bavaria, the birth-rate for 1915 is given as nearly 24 per cent. less than that for 1913. In Berlin the falling off amounted to 20 per cent., and in Vienna to 26 per cent., while the mean falling off in ten enemy cities (including Berlin and Vienna) was 27 per cent. So seriously is the situation regarded in Germany that we read in one of Carl W. Ackerman's articles that a leading physician and alderman of Berlin, one Dr. Engel, publicly argues in favor of a kindlier consideration of illegitimacy, although one would not have thought, judging from the statistics of other years, that the German people have ever been keenly meticulous in their attitude in this matter. Ackerman asserts that the German Government now actually encourages illegitimacy, although necessarily by indirect means, and he quotes Dr. Engel as stating that the number of illegitimate children born in cities such as Berlin, Hamburg and Munich has increased from 15 per cent. in 1914 to 45 per cent. in 1916. Such an increase in illegitimacy in the face of a markedly reduced birth-rate is surely a problem fraught with future possibilities.

British figures offer an interesting and encouraging contrast. Here, too, there is a falling off in the birth-rate, but it is very little greater than what might be termed the normal decline of the past decade or longer, amounting for England and Wales (comparing 1915 with 1913) to less than 8 per cent. The mean of nine British cities shows a decline of about 9 per cent. On the other hand, the illegitimate birth-rate (1915) in England and Wales, while, in proportion to the total number of births, slightly higher than for several years preceding, is, when estimated on the number of unmarried and widowed women between the ages of 15 and 45, the lowest on record.



Our Canadian figures are, of course, of peculiar interest to us. For several years there has been a gradually increasing birth-rate in all our provinces with the exception of Quebec, and possibly also of New Brunswick, which does not publish its vital statistics. As far as I have been able to secure figures, this tendency has not been adversely affected by the war. In respect to illegitimacy in Canada, returns are not available for all the provinces, but in Nova Scotia, Ontario and Saskatchewan, which publish statistics on this point, the figures are quite as creditable as they were in normal times.

In intimate association with the question of the birth-rate, there naturally falls the infantile death-rate. As far as enemy countries are concerned, we are again somewhat in the dark. Some statistics would indicate improvement in certain communities, but many of the reports which have come to us from those in a position to formulate approximately accurate opinions, and who would have no good reason for misrepresenting conditions, indicate that there has really been a definite increase in the mortality amongst infants in these countries. In England the rate has been rapidly improving for some years. In 1915 it was 110; in 1916 it was 91—the lowest on record. In 1916 London brought its rate down to 89—a veritable triumph. In Scotland the rate for 1916 was 97—again the lowest on record. And in practically every Canadian province we have been steadily bettering our returns in this particular, and have had no set-back in consequence of the war.

It would seem, therefore, that in these very important particulars, at least, Canada and the Motherland have thus far suffered little in comparison with enemy countries. This gives us an initial advantage the value of which can scarcely be overestimated, but which of course is in relation more particularly to enemy countries. Some of our Allies, with whom we must ever compete in the enterprises of manufacture, trade and commerce, will emerge from the war less strained than we will be. We must be fit to successfully meet such competition. Others of our Allies, those who have had to endure devastation which no other age could have thought possible, must have our support and assistance for many a year after peace has been declared. And even in the redemption of the enemy countries it is quite possible we may be assigned a role. It is evident, therefore, that the future has so much for us to do that we cannot afford to rest content merely because our present status in the particulars noted is better than that of our enemies.

A good deal of uneasiness has been caused by the impression that there has been an increase in crime and delinquency since the outbreak of the war. There is good reason to believe that this is true of enemy countries, and it is also true of the Motherland. In Britain, however, the increase in offences has been largely in those of a minor character, although very unfortunately the curve of juvenile delinquency has risen sharply. While the removal of paternal restraint is the cause assigned for the major part of the increase in juvenile delinquency, stresses inci-

dent to or accentuated by the war, acting more or less directly upon the health of the individual, are accountable for a very considerable proportion of the offences. I have endeavored to obtain statistics with reference to the effect of the war upon juvenile delinquency in our Dominion. The methods of dealing with the neglected and dependent children, and of compiling statistics with reference to them, differ greatly in different provinces, and I have failed to get satisfactory figures for all the provinces. While some communities report a notable increase (Montreal, 40 per cent.), it does not appear that this is generally applicable to the Dominion. The total number of convictions of juvenile criminals, according to the returns of the Census and Statistics Office, was 3,050 for 1915, and 3,157 for 1916, as against 5,280 for 1914. But two superintendents have made the very important comment that there has been an increase in delinquency amongst mothers during the absence of the fathers on military service. This cannot but react unfavorably upon the children, and is therefore a matter for our careful consideration.

As for crime generally, in Canada at large, it is sufficient to say that while the convictions for indictable offenses, and the convictions and sentences for all offenses, increased rapidly in numbers from 1912 to 1914, substantial decreases are recorded for 1915, and still more substantial decreases for 1916.

A very interesting sidelight upon the question of war and crime is contained in a contribution to the *London Daily Mail* by Mr. Edwin Pugh, in which he refers to a recent official announcement that 7,000 out of 15,000 convicts and misdemeanants in the British Isles had been allowed to volunteer for military service. Out of the number 530 had been killed in action, 49 had died of wounds, 13 had died of sickness, and 1,530 had been wounded. But the point of greatest significance is this: Three had received the V. C., 25 had been recommended for the D. C. M., 20 had been mentioned in dispatches, and eight had been given commissions. To so great an extent, therefore, the war may be regarded as a redemptive factor in the realm of criminology.

The effect of the war upon the mental stability of our people is another matter to which we naturally turn our attention. One might reasonably expect that the anxieties, deprivations and other stresses to which both soldiers and civilians are being subjected would lead to a notable increase of mental disorder, with all that that implies. From the old land, however, the information we receive is most encouraging. The superintendents of several prominent British institutions for the insane report that thus far there has been little, if any, added incidence of insanity in the civilian population, and they in fact anticipate that the greater variety of occupations now available to women by enabling them to obtain work for which they are best fitted will increase their mental stability. Whilst there are many cases of mental disorder in soldiers, these are mostly of a recoverable nature. In Canada we have had a practically identical experience. Few of the superintendents of our institutions for the insane



report any notable incidence in mental disorder which can be traced directly to the war, and the majority of cases which are so attributable have been in persons of unstable nervous organizations who would doubtless have broken down, sooner or later, under some other stress.

One of the most potent factors in the causation of mental and other diseases, degeneracy, poverty and crime, has, without doubt, been the abuse of alcohol. It is impossible to believe otherwise than that the sentiment in favor of restricting the manufacture and sale of intoxicants, which has been so greatly strengthened by the war, will increase rather than lessen after peace is declared, and it is a fair assumption that we will, in consequence, have less insanity and other diseases attributable to alcohol, and less crime in future than we have had in the past. Perhaps nothing has developed out of the war of greater interest or greater significance than the unanimity of the leaders of the warring nations in declaring their recognition of the effect of alcoholism in reducing efficiency, or than the practically synchronous action of the various nations in adopting measures to mitigate the evil. This must be regarded as a medico-sociological matter of the greatest moment.

The terrible experience which our magnificent ally, France, is now facing in the matter of tuberculosis must be given at least a brief reference. Dr. Hermann M. Bigg's report upon his investigation of tuberculosis in France is, of course, familiar to all of you. The remarkable contrast in the experiences of our own Motherland and of La Belle France in this particular must be regarded as conclusive proof of the efficiency of the anti-tuberculosis measures which have been carried on during the years in England, but which were so unfortunately neglected in France. We have reason to be profoundly grateful that England and the British Dominions had made an advance in dealing with tuberculosis which has stood them in so good stead at so critical a time, and we may feel sure that so remarkable a demonstration of the real value of anti-tuberculosis work will secure for it much more sympathy and support than it has had in the past. We have enlisted many tuberculosis men, and they are now costing Canada from \$1,200 to \$1,300 a year each. This fact in itself will impress upon our people the economic importance of tuberculosis control, and the part which ill-health plays in producing military inefficiency will awaken a fuller realization of its influence in lessening efficiency in the prosecution of the pursuits of peace times. We may hope, too, that the plan adopted by the Military Hospitals Commission in providing sanatorium treatment for tubercular soldiers may be but the beginning of a National system of control of tuberculosis, which would seem to be the most reasonable and most hopeful method of dealing with this disease.

The success which has attended the efforts put forth to control the communicable diseases, which in former wars worked such havoc amongst the troops, must give an impetus to public health work at home. It can scarcely be doubted that our soldiers will come home so impressed with the importance of sanitary measures that they will all be missionaries of

our propaganda, while the unanimity with which the war correspondents endorse the merits of military sanitation will strengthen the confidence of our people in sanitary measures generally, and enable them to endure the restrictions which sanitarians sometimes impose with greater equanimity. This may be expected even in the case of the venereal diseases, which have heretofore proved so baffling a problem in public health work, but which have been shown by military experience to be amenable to a degree of control which, a few years ago, even the most optimistic would not have thought possible. The revelation of the astounding prevalence of venereal disease could scarcely have been made so effectively in peace times, and the war has given an unique opportunity for educational effort. It would be difficult to overestimate the medico-sociologic importance of this single factor in the progress of preventive medicine.

Then the addition to our knowledge of medical and surgical procedure, already so extensive, will be greatly increased as the result of the more deliberate study and reasearch which will be possible after the war ends, and will place us in a much better position than we have been heretofore in our endeavors to cope with the various ills to which flesh is heir.

All these things give us encouragement to believe that the agonies of the war may fairly be regarded as the birth-pains of a new development in preventive medicine—one which will have the popular support which is essential to success, and one which will prove the most potent factor in offsetting the most deplorable of the evils which the war has brought upon us. But we must not await the end of the war in our endeavor to work out our salvation. Just as we gave too little heed to the matters which were really of most material concern to us in the piping days which were ours before the fateful events which precipitated this horrible struggle, so even to-day we are sacrificing more of our people to inglorious death through preventable diseases than are being lost to us in the far-flung battle line. Moreover, we are faced with the most disconcerting fact that from 35 to 40 per cent. of those Canadians who volunteered their services in the great cause were either rejected at the time of application or were later found unfit for military service. Whether or no we may take this as an index of our disability in the struggle to secure and maintain a foremost place amongst the nations may be debatable, but it cannot be considered a satisfactory showing for a young and sometimes a boastful people, and must be regarded as a stirring call to more vigorous combat of the conditions which militate against efficiency.

And we must remember that the war has not been won; that there lies before us a long period of stress and strain, of denial and distress. There is reason to fear that the prosperity which we have been enjoying may not be long continued. There will still be demand for our men and for our products. This will lead to greater demand for the labor of our women and perhaps even of our children. We must be wise in dealing with matters of such great moment. Child labor, at least, must be most



strenuously opposed. The recent statement of Mr. Prentiss Gray, Commissioner of Relief for Belgium, that, mainly in consequence of ill-nourishment, the mortality in the industrial centres of Belgium and northern France has advanced from 15 per cent. to 65 per cent. must impress us with the need for doing more for our Allies and also for ourselves. We must watch with meticulous care the effect of food control upon our own people. Baden-Powell's dictum that "nothing sharpens a man's ingenuity more effectively than an empty stomach" is not a good rally-cry for the conservators of the health and efficiency of the people. A special effort must be made to see that our children and nursing mothers are abundantly nourished. At whatever cost we must save the kiddies.

Nor is it sufficient to limit our efforts to the reduction of infant mortality. Important as that is, it is not as important as judicious medical supervision of children throughout the years of their attendance at school. I am very strongly of the opinion that there is nothing in all the field of public health work which offers more reasonable prospect of profitable returns than well organized medical supervision and control of our school children, and feel that our Federal Government could render no more effective aid to preventive medicine than to organize such a system, in coöperation with the provincial authorities, and to provide such financial assistance as would make it applicable to every school in the Dominion. At this time, when it is so necessary to prepare our growing boys and girls to take on the unusual burdens which our war losses will necessitate them to assume, it is only by national organization that we may hope to attain the results which it is imperative we should have if we are to escape national disaster.

The effect which the war has had in withdrawing a large percentage of medical men from civilian practice, and in reducing the number of students in the medical colleges, is another matter which is not without medico-sociological bearing. There can be little doubt that the depletion of certain districts has already become sufficiently marked to occasion anxiety, and the need for medical men at the front continues. A difficult problem may present itself in this connection. The needs of the civilian population must be considered, but it is by no means so easy to allocate civilian practitioners to certain districts as is the case with medical officers of the Army. It is not impossible that the necessity may arise for the State to interfere, and to prescribe areas in which physicians may practice. We must not cling too tenaciously to our ideals of democracy at a time which is so pregnant with peril, but, before adopting so drastic a measure, an honest effort should be made to see what can be accomplished through coöperation of the military and civil authorities. Something might be done by assigning senior members of the profession to many of the home military duties which are now occupying much of the time of younger practitioners, and thus release a considerable body of the more physically fit of the profession for the more arduous fields of medical practice.

While the reduction in the number of medical students has thus far not been sufficient to cause real concern, there is a chance that conscription may make this a matter of moment, unless due consideration is given to the medical needs of our communities in the selection of conscripted men.

That the present shortage in medical men, and the prospective greater shortage, constitute an additional reason for the most vigorous prosecution of public health activities, would seem to require no argument. And others might be present, almost *ad infinitum*. Never before has the need for aggressive public health activity been so great. The most effective way to offset the loss of life which the war is causing is to prevent needless death at home. The most effective way to offset the loss of property and of wealth is to make our people physically and mentally capable of meeting the enormous demands which the work of rehabilitation will force upon them. To accomplish such a task is the obvious and the patriotic duty of those engaged in the public health service.

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### Helping to Solve A Prairie Problem

*How the People of the Western Provinces are Endeavoring to Provide Hospital Accommodation for Their Rural Sick.*

By David Grieve Tuckwell

*Formerly Mayor of Lloydminster, Saskatchewan, Organizer of Municipal Hospitals for the Province of Saskatchewan.*

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A very widespread interest has been aroused throughout the Western Provinces concerning the question of hospital accommodation and nursing attention for the prairie sick. This matter has been the subject of legislation in the twin Provinces of Saskatchewan and Alberta, whilst in Manitoba and British Columbia public interest is crystalizing in favor of similar enactments. Saskatchewan was the pioneer in this movement, and by an Act passed last year made provision whereby groups of rural and urban municipalities may coöperate in the erection and maintenance of hospitals to serve their people. Alberta has followed this good lead, and an Act very similar in character received its final reading and was placed on the statute books of the Province during the recent session of the Legislature.

The Saskatchewan Municipal Hospital Act provides that two or more rural municipalities may coöperate with one or more urban centres in the establishment of a Municipal Hospital. Each municipality concerned has the power to levy a rate not exceeding two mills on the dollar, on all assessable property within its borders, for hospital purposes. The managing board is composed of representatives appointed by the Councils of the coöperating municipalities, but not necessarily



members thereof, and is a body corporate, with powers governing such bodies.

Possibly the feature which has commended itself more especially to the prairie people in connection with the establishment of these rural hospitals is the immense benefit which they are calculated to confer in maternity cases and emergency sickness. In the sparsely settled districts of the West, where the local medical men have to travel long distances, and in the almost total absence, over wide areas, of capable nursing assistance, women are enduring very serious hardships. Not only are they called upon to perform their ordinary household duties, but all too frequently the hard, laborious work of the farm falls to their lot; this harsh physical striving has a very pernicious influence, especially during the later pre-natal period, immensely increasing the perils of maternity. It will be easily understood, therefore, how anxiously the prairie women are looking to this rural hospital movement for relief.

As an indication of the esteem in which these institutions are held where they have been established, the following quotation from a letter written by the secretary-treasurer of one of the contributing municipalities may be of interest: "Before the inauguration of the present system (that is of free hospital accommodation) only a small percentage of maternity cases passed through the hospital, the women cheerfully taking a chance on their lives for the sake of helping the farm along. During the past five months nineteen women from this municipality have been in the hospital. We are saving the lives of our women at the small cost of three-quarters of a cent per acre."

Broadly speaking, four rural municipalities require a hospital providing accommodation for twenty-five beds, besides quarters for the working staff. The cost of such an institution for building and equipment is estimated at from \$1,200 to \$1,500 per bed capacity, or between \$35,000 and \$40,000. Raised by debentures spread over a term of thirty years, and borne by the municipalities in proportion to their assessable value, this capital expenditure represents a very modest increase to the homesteader's taxes. Regarding maintenance, whilst it might be difficult to determine absolutely the cost to any one municipality, careful investigation suggests that from fifty-five to seventy patients might be expected from each rural municipality, with an average stay in hospital of fourteen days, at an estimated cost of \$2 a day per patient. This would mean that for capital cost, on thirty-year debentures, bearing interest at 6 per cent., each rural municipality would have to provide less than \$1,000 per annum, whilst for maintenance, should the maximum estimate be realized and seventy patients receive treatment for fourteen days per patient, \$1,960 would be required, or a total cost to each municipality of something like \$2,960. As the Saskatchewan Government, however, makes a grant of fifty cents per day for every patient in the hospital receiving treatment, \$490 would be received from this source, leaving the rural municipality to provide less than \$2,500 to meet its

debentures, establish a depreciation fund, and pay the hospital fees of any of its ratepayers or their dependents. When it is remembered that the 297 rural municipalities in the Province of Saskatchewan have an average assessable value of \$2,750,000 each, it will be seen that a one-mill rate will yield at least \$2,750, or \$250 in excess of the total amount required as the proportion from any one municipality to finance the whole undertaking of building, equipping, and providing free hospital accommodation, and the best of skilled nursing attention for every ratepayer and his dependents who may require it, and that without involving any sense of obligation, as the system is one of coöperative municipal insurance.

A twenty-five bed hospital such as is above referred to would possibly require a staff of five graduate nurses, including the matron. Express provision is not made for the employment of a medical superintendent, the local doctors throughout the district having free access to the hospital for the treatment of their patients. Should the Board, however, favor the employment of a resident medical man, there is nothing in the Act, in either Saskatchewan or Alberta, to prevent this idea being carried out.

Dr. Maurice M. Seymour, Commissioner for Public Health in the Province of Saskatchewan, has manifested the very warmest sympathy towards this movement ever since its inception, and owing to his active interest, and that of the Minister of Municipal Affairs, the Honorable George Langley, under whose department the Bureau of Public Health is administered, meetings have been held in many parts of the Province where information as to the operation of the system has been afforded. Where such hospitals have been erected, the people are enthusiastic as to the benefit which their operation has conferred. The local medical men are also keenly interested. In one district where such an institution is projected, the local practitioners have agreed amongst themselves to take a post-graduate course in order to brush up their surgery so as to qualify themselves further for their work, the absentee's patients to be attended by his brother physicians, who will in turn take advantage of the like courtesy.

Altogether this movement appears to be one destined to have a far-reaching influence throughout the Western Provinces, and its operations will be watched with the keenest interest by all who have the well-being of our prairie people at heart. It has received nothing but the warmest sympathy from the medical profession, the pulpit, and the press. Speaking at the convention of Rural Municipalities of Saskatchewan, held at Saskatoon some weeks ago, the writer predicted (a sentiment received with a marked demonstration of approval) that the time was not far distant when a municipal hospital, free of access to the people, would be within reachable distance of every homesteader and his family throughout the province.

In connection with this movement the Commissioner for Public Health proposes to establish a system of district nurses, whose duty it



shall be to visit the country schools, give pre-natal instruction to expectant mothers, and act to some extent as a connecting link between the hospital system and the people living in the more out-lying districts. Where the districts are too remote to adopt the hospital scheme, rural municipalities are being encouraged to subsidize local medical men as an inducement to their settlement.

A bonus of twenty-five dollars is also made to needy expectant mothers, so that it will be seen that the Government of Saskatchewan is striving manfully to solve one of the great pressing problems of the West; or is at least guiding the people wisely in their endeavor to arrive at a satisfactory solution of their own.—*The Canadian Medical Association Journal*.

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## **The Birth of The Nursing Profession in China**

By Dr. Harold Balme, F.R.C.S., Eng., D.P.H., Lond.

*Superintendent of the Shantung Christian University Hospital,  
Tsinan, China.*

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Among the many dramatic changes which are taking place in China to-day, it is difficult to find any which combines more encouraging elements than the birth of the new Nursing Profession; and, apart from the immediate claims of the war, it would be difficult to find, in any part of the world, so interesting a challenge and an appeal to highly-trained nurses in Canada and America which this movement embodies. It is almost impossible to describe what it really means. To attempt to visualize it, even in the faintest manner, one has first to picture a great nation of nearly four hundred million intelligent people, living in a country where suffering and sickness of every description abound on all hands; to remember, in the next place, that up to a few years ago the educated classes were entirely unconscious of any responsibility to help the sick, and inclined to regard with disdain the work of ministering to their needs; and finally, to grasp the significant fact that within this last decade the dignity and possibilities of the nursing calling have begun to permeate student ranks everywhere, with the result that well-educated young women (and men, too, for that matter) are catching the vision, and are seeking to be trained for this noble life-work.

Perhaps the best way to try and describe this remarkable change will be to give a short account, in narrative form, of what we have actually seen and experienced in the hospital with which I am personally connected. This hospital is situated at Tsinan (which, by the way, is pronounced very like Jee-nan), a city of some 300,000 people, situated nearly half-way between Peking and Nanking, and, as the capital of the Province of Shantung, one of the most important cities in the northern half of China. The hospital, moreover, is directly connected with a

School of Medicine, the largest of its kind in China; and yet, in spite of these facts, within so short a period as five years ago there was no nursing whatever being carried on there. It must sound absolutely incredible to those of you who think in terms of Canadian hospitals; but such was the fact, and such is still the position in eighty to ninety per cent. of the hospitals in China to-day. The truth of the matter is that they are not hospitals at all, in the modern sense of the term; they are merely hostels or inns, where the patient and his friends take up their residence while he is receiving the medical attention of the hospital physician.

This is exactly what was taking place at Tsinan five years ago. Every patient brought in his own bedding and clothing; his friends remained with him in the hospital to "nurse" him (please excuse the term!), and it was they, in consultation with the patient himself, who decided what he should eat, and who prepared the meal!

What were the causes of this backwardness, which, to this very day still persists in so many of the hospitals in China? They were twofold. There was first of all the natural suspicion and fear of the people, a fear which in the early days could only be met and dispelled by allowing the patient to have his own friends to look after him. Such a reason hardly exists to-day, except in remote inland stations, for the work of hospitals all over China has generated a new atmosphere of confidence and friendship, which makes it possible to make great advances.

But the second difficulty was far harder to overcome. It arose from the erroneous conception of nursing prevalent in China, particularly among the better classes, and which regarded the care of the sick as only fit for old women of the lowest social grade. No better-class man or woman would touch a patient, if they could avoid it; and nothing used to surprise them more, or, possibly, did more to break down these wrong conceptions than to visit a hospital and see a well-bred, cultured physician or nurse from the West gently dress a foul ulcer, or attend to some repulsive medical condition.

Our first nurse came to us from Scotland, with an excellent training, obtained at the Royal Infirmary, Glasgow, and was fortunately one of those people of whom there is so great a need in China to-day, who can quietly face misunderstanding and disdain while she set to work not to follow but to *create tradition*. She very quickly showed them—to their amazement, and possible disgust, at first—that there was no kind of work, from bathing a filthy patient to scrubbing out an operating theatre, which she considered beneath her; and very puzzled were the looks that were cast at her in those days! Hospital assistants and students and well-to-do patients could none of them determine who or what she could be, whether a superior sort of servant from those extraordinary Western lands, or a religious fanatic acquiring merit! But meantime the work went on; the patients' rooms became a little cleaner; the patients found themselves being cared for by a gentle, skilled hand; the students discovered that the new nurse knew as much about the science of asepsis



as they did themselves; and the way was being paved for a great forward step in hospital administration.

The first advance was the elimination of the patients' friends and their substitution by our own paid helpers. It was a great day in the history of the hospital when we said good-bye to those well-intentioned, illiterate, insanitary old aunts and serving-women and hired men who had hitherto looked after the patients' interests by providing them with indigestible meals, securely closing the ward windows, and "examining" the progress of their operation-wounds with their unwashed fingers! The more timid among us had suggested that their removal would affect the willingness of patients to enter the hospital, but such fears proved to be entirely without foundations, so well had confidence become established. The great trouble arose from the fact that it was still impossible to secure the kind of assistance we wanted. We had to rely on the hiring of uneducated ward orderlies, male and female, whose lack of background made it impossible to give them any satisfactory instruction in their duties, and equally impossible for them to grasp the underlying principles of hygiene and dietetics and therapeutics which make it quite worth while to wash a patient, although "he did have a bath on admission," and equally inadvisable to let him chew melon-seeds the day after his laparotomy, even if "he is quite sure they will not do him any harm!"

It was a great improvement on the day of the patients' friends, but still very inadequate.

It was just at that stage, when we were beginning to despair of ever making real nurses out of these paid assistants, that the good news reached us that in various of the High Schools young men and women were beginning to evince a new consciousness of their duty towards their sick fellow-countrymen, and were enquiring as to the possibility of taking up nursing as a life-work. (Here it should be noted that with the exception of one or two very progressive centres like Shanghai, where constant intercourse with foreigners has modified Chinese ideas on etiquette, it is not yet feasible to contemplate the employment of women nurses in male wards, though there is little doubt that this will soon follow).

We could hardly believe it possible that the day for which we had so longed had actually come, but enquiry revealed the fact that a small group of well-educated girls were willing at once to enter on a three-years' course of nursing training, on similar conditions as in this country; and when, a year later, we announced that we were prepared to take in our first class of twelve male nurses, on the same terms, fifty applicants, almost all of them High School graduates, sent in their names for admission.

We were rather afraid at first that they misunderstood what nursing really meant, and were regarding it as a short cut to becoming doctors, and after choosing the most promising of the number, we not only required them to sign a guarantee that they would never assume

the title or duty of physicians, but also endeavored to impress them by laying great stress on the more menial and tedious side of a nurse's duties. Furthermore, we insisted on a time of probation, during which we did our best to give them a practical introduction to those said duties. It was a severe ordeal, for one must remember that not only had they themselves been accustomed to regard such work as entirely beneath a student, but the patients whom they had to tend had exactly similar notions, and were inclined at first to treat them as belonging to that class which alone, in their opinion, would ever consent to engage in such an occupation. But they came through the test remarkably well, and with very few protests, and we had the thrilling experience of realizing that a new Nursing Profession had come to its birth in China, with all its untold potentialities for the future of the nation.

It is impossible to go into detail as to the progress made since that time, and I can only attempt to sketch the barest outlines. The first thing we did was to collect funds and erect an entirely modern hospital, built and fitted up and equipped according to latest standards, with foreign beds and bed-linen, ward appointments, etc., etc. At the same time we instituted a new set of In-patient regulations, with proper restrictions as to admission, diet, visiting hours, etc. Again the timid ones suggested that it would be asking too much to expect ignorant, frightened Chinese patients to submit to such impossible rules as being bathed on admission and put into hospital clothing; not being allowed to bring a single article of food into the wards, and such like. But there was not the slightest difficulty, in fact it proved possible to go even farther than is usually done in a home hospital, by making such rules as, for example, that all visitors should cover their shoes before entering the wards with washable covers provided at the Hospital vestibule; that only one friend at a time should visit any particular patient; and so on.

Meanwhile, some of the hospitals in other parts of China had been reaching the stage which I have just described earlier than we had done, and a Nurses' Association was formed which at once began to address itself to the essential tasks of drawing up suitable entrance standards, curriculum, nursing examinations, etc., and commencing to translate the more important nursing textbooks into Chinese. So new was this work to China that the language did not even contain a suitable term for "nursing," as we understand it, and it had first to be decided what term to employ. But various workers set themselves to the task, both physicians and nurses, with the result that a nursing literature is gradually being produced, which is enabling us, not merely to conduct classes in the various subjects which go to make up a nursing curriculum, but also to put suitable books, in their own language, into the hands of our probationer-nurses.

Naturally enough so radical a change has not been accomplished without meeting difficulties, though it is remarkable how few they have really been. One of the first we met arose from the somewhat confined



sense of duty which the ordinary Chinese student has. So long as we were able to divide up the ward work, and apportion it out among the respective nurses, all was plain sailing; but directly one came up against that kind of work which could not be so apportioned, or the extra emergency duties caused by one or another being called away from their ordinary tasks, trouble arose, and it was only gradually that we instilled into their minds that everything which concerned the welfare of the patients was equally the concern of every one of them, and must on no account be left unattended. It has been wonderful to see the progress which some of them have made since this new conception—so foreign to ordinary Chinese ideas of responsibility and irresponsibility—began to seize them, and some of our senior nurses to-day have as keen a sense of duty as one could ever meet with anywhere.

Night-work was another difficulty, and remains so still, to some extent. The new nurses did not take very kindly to it, and were not at all anxious to spend such time in their beds during the day as would ensure their getting sufficient sleep, with the result that various of them were caught nodding at their posts on different occasions, and a good deal more than nodding in some instances! It was not, in fact, until we resorted to the drastic step of expelling one or two of the extra sleepy ones that they began to realize the seriousness of the offence.

Another difficulty has been their complete ignorance of Symptomatology—even from the layman's standpoint—and their consequent uncertainty as to what kind of symptoms to be on the lookout for. To train them in this essential part of their work we have had recourse to the use of a large Record Book, in which a daily record of each patient is fully made out, one-half of the page being devoted to instructions from the doctor to the nurse (arranged in such columns as Medicine; Aperients; Specimens to be retained; whether or not allowed up; special treatments; diet, etc.), and the other half to the Day and Night Nurses' reports of all observations regarding that particular patient. This of course involves a good deal of extra work, but it is having very satisfactory results in the training of the nurses.

Space will not allow of further details, but I cannot conclude this article without making a strong appeal to those nurses in this country who are as yet uncertain as to their life-work (especially those still untrained), to consider whether or not they are called to devote themselves to this unique work. It is not too much to say that the nurses who will be in China within the next decade will have the moulding of the nursing profession, and the forming of true nursing traditions, in their hands. Is it possible to contemplate a life-service more truly worth while, or one which will affect the happiness and comfort of a greater number of people? There are times in the history of every great nation when more can be accomplished in a single decade than is usually the case in a century, owing to the peculiar susceptibility of the more thoughtful people to receive impressions and create traditions at such a

time. Such an hour has now struck in China with regard to nursing, and there is a tremendous call for nurses of the highest possible training (especially administrative training) and earnest Christian character to give themselves to this unique task. And future generations will never forget their service.

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## A New Method of Treating Burns

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Much has been written of the so-called "Ambrine" treatment of burns. Its success has been verified by medical men whose veracity is beyond question. Secrecy, however, in methods and medicinal agents is more or less intolerable to the medical profession. This fact has brought to the method much adverse criticism. Many will recall the correspondence between the *New York Outlook* and the editor of the *Journal A. M. A.* a few months ago. Lieutenant-Colonel Hull, of the Royal Army Medical Corps, writing in the *British Medical Journal*, speaks of a seemingly efficient substitute which he calls "No. 7 Paraffin." The formula is as follows:

Resorcin, 1 per cent.; Eucalyptus Oil, 2 per cent.; Olive Oil, 5 per cent.; Paraffin Molle, 25 per cent.; Paraffin Durum, 67 per cent. We quote the following method of application from the *New York Medical Record*:

"Melt the paraffin durum, and add paraffin molle and olive oil. Dissolve the resorcin in absolute alcohol (soluble 2 to 1), add the alcoholic resorcin, and lastly add the eucalyptus oil when the wax has cooled to about 55° C. A smaller amount of resorcin may be used or beta-naphthol, 0.25 per cent., may be substituted for it. The hard paraffin is subjected to a temperature of 130° C. by means of superheated steam; this, the author believes, being the essential process in the manufacture of ambrine.

"The burn, after being washed and dried, is covered with a layer of the No. 7 paraffin at a temperature of 50° C. (122° F.) either by a spray or by means of a broad camel-hair brush; over this is placed a thin layer of cotton wool, and a second layer of paraffin is then applied, the dressing being completed by another layer of wool and a bandage. Concerning the results of this treatment, Colonel Hull says they surpass those of ambrine.

"Severe burns of the third degree, accompanied by sloughing, and in a very septic condition, have cleansed and taken on healthy repair under this treatment after a trial of the ambrine treatment. Severe burns of both palmar and dorsal surfaces of the hands, extending to the tendon sheaths, have healed in three weeks without contracting cicatrices. Extensive burns of the flexor surfaces of the limbs, the regions most likely to be altered by contracting cicatrices, have healed without apparent scarring. Burns of the face heal with a new healthy skin without scarring."



## A Little Financial Suggestion

By F. V. Kennedy, R. N.

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During these war times many of our local associations are finding their financial troubles pressing. So many members overseas, so many little expenses grown larger, so many things they wish to do that a practical suggestion for raising money may not come amiss.

The publication of a report of your Association in the form of a two-sheeted pamphlet will prove not only interesting to members at home and overseas, *but may be made a source of revenue.*

This report may consist of a cover and an inside sheet of four pages. The cover should be attractive, bearing name of association, motto, or crest. Page 1—a list of officers, members at home and overseas, married, etc. Page 2—a resumé of the association's history up to date (always interesting). Page 3—Secretary's report, Treasurer's report. Page 4—report of Red Cross work, social meetings, and other items not provided for on previous pages. Such a report is of interest and is valued by members at home and abroad, and may easily be compressed into four pages about five by eight inches.

Your source of revenue, which will cover expenses of printing and provide a nice little surplus, is found by soliciting advertisements from various friendly firms, such advertisements to be placed on the inside of covers and on back of pamphlet. Firms should be selected in whose goods nurses are interested, either directly or indirectly, and they are usually glad to help the association by giving advertisements, when its aims are explained to them, for be it remembered the general public is very ignorant regarding our associations, and a little education will not be out of place.

Let me beg, however, that the report be kept professionally dignified and the *advertisements confined to the covers*, otherwise you will find, when too late, that the finished product has the appearance of a theatre programme or cheap commercial cookery book—given away for a coupon from a baking-powder tin—and has become something in which no member with pride in her profession can feel any pleasure or desire to be associated with.

Local printers will give estimates of cost before work is begun, and, as different firms are likely to vary considerably in these estimates, it is wise to consult several and compare prices before making a decision. Enough copies should be printed to send to all overseas members, local doctors, heads of institutions and organizations, and all persons likely to be interested.

A good working committee can get the report in shape for the printer's hands in about four weeks. To each member should be allotted the part for which she is best fitted; one will write the history better than

she could talk to business men, and so on; only be sure that the convener of your committee is a woman of experience with a proper sense of the dignity of her profession, and that the gaining of an additional few of the "almighty dollar" may not induce her to countenance a lowering of the tone of the finished report.

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## **Report of The Canadian Conference of Charities and Corrections**

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Three Conventions which were of special interest to public health nurses were held in Ottawa during the week beginning September 23rd: The Canadian Conference of Charities and Correction, to be known in future as the Canadian Conference on Public Welfare; the Canadian Association for the Study and Prevention of Infant Mortality; and the Canadian Public Health Association. Nine delegates to the first Conference, five of whom were able to be present, were appointed by the Executive of the Canadian National Association of Trained Nurses.

An informal supper party brought all the nurses attending the Convention together for an enjoyable hour. The following nurses were present at the supper: Delegates Miss Elizabeth Carruthers, Winnipeg; Miss Eunice H. Dyke, Toronto; Miss Jean I. Gunn, Toronto; Miss Jane Grant, Toronto. Visitors: Miss Elizabeth Hall, Toronto; Miss Zoe M. Londeau, Windsor, Ont.; Mrs. S. Mackenzie, Toronto; Miss Winnifred Read, Halifax; Miss Priscilla C. Hall, Ottawa; Miss Christina Hall, Ottawa; Miss E. M. Corbman, Toronto; Miss Helen MacDonald, Hamilton; Mrs. J. Charlotte Hanington, Ottawa; Miss Lillian C. Phillips, Montreal; Miss Mayme Robinson, Windsor, Ont.

Miss Enid Forsythe and Miss Esther Beith, of Toronto, attended the meetings of the Canadian Public Health Association later in the week.

Representatives were present at the Conference on Public Welfare from every Province and from every group of workers interested in the subjects under discussion. The subjects dealt with were: "Social Legislation," "Immigration," "Family Case Work," "Neighborhood Work," "Federation of Philanthropy," and "Education for Citizenship."

Probably the most inspiring address of the Conference was delivered by Mr. John Collier, President National Community Centre Association, and Director of the Training School for Community Centre Workers, New York City. The title of his address was: "Constructive Democracy in the World Crisis." He pointed out to us the danger that exists in treating people as plastic material to be moulded by outside agencies—health, educational, charitable, and correctional activities operating upon the people while they are not conscious of what government is all about. He believes that means must be devised whereby the people themselves



will coöperate together for great social purposes. Mr. Collier is making experiments at the present time in New York in constructive democracy.

The nurses were represented on the programme by a paper on the "Organization of Public Health Nursing," delivered by the Convener of our Committee on Public Health Nursing.

The Tuberculosis and Public Health Conventions were poorly attended, but the many excellent papers and discussions will be published in the *Public Health Journal*. These papers indicated constructive methods of dealing with housing, tuberculosis, venereal diseases, mental defects, and infant mortality. The subject of Health Insurance, with which nurses are so vitally concerned, was discussed by students of the proposed plans. The paper read by Dr. W. H. Hattie, Medical Officer of Health for Nova Scotia, has been promised to the *Canadian Nurse*. It deals with some medico-social problems arising out of the war, and is an urgent call to all public health nurses for National service.

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### Christ in Flanders

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We had forgotten You, or very nearly—

You did not seem to touch us very nearly—

Of course we thought about You now and then;

Especially in any kind of trouble—

We knew that You were good in time of trouble—

But we were very ordinary men.

And there were always other things to think of—

There's lots of things a man has got to think of—

His work, his home, his pleasure, and his wife;

And so we only thought of You on Sunday—

Sometimes, perhaps, not even on a Sunday—

Because there's always lots to fill one's life.

And, all the while, in street or lane or by-way—

In country lane, in city street, or by-way—

You walked among us and we did not see.

Your feet were bleeding as You walked our pavements—

How did we miss Your footprints on our pavements?—

Can there be other folk as blind as we?

Now we remember: over here in Flanders—

(It isn't strange to think of You in Flanders)—

This hideous warfare seems to make things clear.

We never thought about You much in England—

But now that we are far away from England—

We have no doubts, we know that You are here.

You helped us pass the jest along the trenches—  
 Where, in cold blood, we waited in the trenches—  
 You touched its ribaldry and made it fine.  
 You stood beside us in our pain and weakness—  
 We're glad to think You understand our weakness—  
 Somehow it seems to help us not to whine.

We think about You kneeling in the Garden—  
 Ah! God! the agony of that dread Garden—  
 We know that you prayed for us upon the Cross.  
 If anything could make us glad to bear it—  
 'Twould be the knowledge that You willed to bear it—  
 Pain—Death—the uttermost of human loss.

Though we forget You—You will not forget us—  
 We feel so sure that You will not forget us—  
 But stay with us until this dream is past.  
 And so we ask for courage, strength, and pardon—  
 Especially, I think, we ask for pardon—  
 And that You'll stand beside us to the last.

L. W., in the *London Spectator*.

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#### TO THE WRITER OF "CHRIST IN FLANDERS"

On the battlefields of Flanders men have blessed you in their pain;  
 For you told us Who was with us, and your words were not in vain.  
 All you said was very gentle, but we felt you knew our ways;  
 And we tried to find the Footprints we had missed in other days.  
 When we found Those blood-stained Footsteps, we have followed to the  
 End;  
 For we know that only Death can show the features of our Friend.  
 In the Mansions of the Master, He will make the meaning plain,  
 Of the battlefields of Flanders, of the Crucifix of Pain.

E. M. V. (*Southern Cross*).

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Art little? Do thy little well, and for thy comfort know great men  
 can do their greatest work no better than just so.—*Goethe*.

"Stand with anybody that stands right. Stand with him while he is  
 right and part with him when he goes wrong. To desert such ground  
 because of any company is to be less than a man, less than an American."

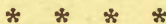
When the corn is nearly ripe it bows the head and droops lower than  
 when it was green. In like manner when the people of God are near  
 ripe for heaven they grow more humble and self-denying than in the  
 days of their earlier development.—*John Flavel*.



## Editorial



It is with much regret that every nurse in Canada will learn that, after repeated attacks of tonsilitis, Miss Snively had to submit to an operation for the removal of her tonsils. We are pleased to learn that she is making a good recovery.



A most complete set of five envelope cards on the "Hygiene of the Feet" has been prepared by Leonard Felix Fuld, Ph.D., for employees' Welfare work, and it would seem that they would have much value in training school work where the pupil nurses' feet and their ailments are a matter of much worry to the Superintendent. These may be obtained at cost, when sold in large quantities, upon application to the Editor.



Why is it that the average graduate nurse takes so little interest in public matters? At meetings such as we have been having for the conservation of foods, with truly vital importance to us all, only a handful of nurses are seen, and these are in most cases the busiest ones, whether in private or public work. Is it that at the fountainhead in the training school we heads of schools make so very little of current events or civics? It seems such a waste of the finest material that we have in the shape of womankind that so few feel any responsibility to the community. Indeed one could go further and ask just what proportion of nurses attend their own professional meetings. Isn't it the same few, the busiest of a busy profession, who do all the drudgery and work of these organizations? We do not yet see the signs of the times, which point to the fact that if we do not do our own legislating, standardization of schools, affiliation for the benefit of the smaller schools, arrangements for the nursing care of the middle-class people, and the hundred and one problems that it is our duty to arrange, that they will be done for us, and not always in the wisest way.



It is with great pleasure that we see that the American Hospital Association elected as its third vice-president Miss Grace Fairlie, Superintendent of the Alexandra Hospital, Montreal. Miss Fairlie is well known to the nursing profession in Canada, as she is First Vice-President of the C. N. A. and President of the Graduate Nurses' Association of the Province of Quebec.



## Chief Superintendent's Annual Report, 1916

(Continued from last month)

In the early years the work was straight district nursing, with post-graduate training in that special branch. The need for extra post-graduate training was felt at the beginning of the Order's activities, and the establishing of training centres marks the first years. The standards fixed were high and the maintaining of them was felt to be an important part of the duty of every Governor. The post-graduate training was very simple, as the district nurse was a very simple factor in the public health programme. In those years the work was largely in the East. When the Hospital Scheme was started, it extended the work into the West, both as regards hospital service and visiting nurse service. The Hospital Scheme was the first ambitious step taken towards the solution of the nursing problem in the outlying districts, and it has done wonders not only in supplying skilled care for the sick and dying, but also in setting good standards for hospital service. That good work is still going on, but it is a question whether or not the Hospital Scheme might not be improved upon in view of our acquired experience. Towards the end of the second cycle there are unmistakable signs of general awakening of the public conscience as regards public health and welfare work, and by that the horizon of the visiting nurse was broadened and she was pressed into service along many new avenues. The religion of prevention linked with that of welfare ruled, and the Order rose to it, rather slowly, it must be confessed, but it did rise to it. We find it pressing on, and in most of the branches child welfare, pre-natal visiting, school nursing, industrial nursing, hospital social service work, tuberculosis and insurance nursing are being pursued. How awakened they are you can judge from the figures already given in this report: Pre-natal visits, 5,974; 70,749 child welfare, and 4,646 school nursing visits. Those figures are good, but they are not nearly as high as they should be, and as they will



be if the Order will keep along with its awakened policy. The third cycle is also marked by the adopting of the country nursing scheme as a settled policy of the Order. That scheme I need not outline, as it is well known to all of you who have read reports of previous years. In reporting on that scheme this year, I wish to state that the most gratifying development in the Victorian Order during 1916 is to be found in the Country Scheme. That may seem a paradox in view of the statement made earlier of the country districts organized and waiting for nurses. There is at the present time, to be sure, a deplorable shortage of nurses for country work, but I feel that that is only temporary, and I shall offer a few suggestions for remedying it before I close. No other work attempted by the Order has been fraught with so many difficulties as the country nursing. During this year many of those difficulties have rolled away, never to return. The people are willing and eager as never before to welcome the trained nurse, to get together, to serve on committees, and to second the efforts of the nurse so that her service may be as far-reaching and effective as possible. The importance of the preventive side of the nurse's work has sunk into the minds of the people, and the demands made in the earlier years for a nurse to take the place of doctor, nurse, mother and cook are no longer made. People know, because it has been demonstrated to them, that the trained woman is ready to do what is at all reasonable and what makes for the comfort of her patient. Two facts stood out prominently at all of my organization meetings in the rural parts this year—one, that the people no longer hesitate about organizing to have nurses established, and that they stand as one for the fully trained woman. The first was shown by the promptness with which they organized after hearing the outline. At many of my meetings the statement was made that the Victorian Order Scheme is the one and only scheme that promises to solve the problem of providing nursing care for the people in the isolated districts of Canada, *because the Order insists on fully trained nurses*. So all that is needed is more nurses suitable for this most important work, and my suggestion is that that difficulty will be overcome, to a certain degree, by multiplying nursing homes, and thus giving more comfortable quarters to the nurses by increasing salaries and by educating the nurses in hospitals and out away from the congested parts of the country into the rural parts.

(Continued in next month's issue)

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.



### **The Canadian Nurses' Association and Register for Graduate Nurses, Montreal**

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.

Second Vice-President—Miss Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Club Room, 638a Dorchester Street West.

The annual meeting of the Canadian Nurses' Association was held in the hall of the Club on October 2nd, Miss Phillips, the President, in the chair.

The President, in her address of welcome to the members, gave an outline of the work during the past year, which showed an increase both in members and interest.

The Treasurer's and Registrar's reports were read and both showed a satisfactory year. The Registrar also read a letter of appreciation from St. Johns, Que., of those nurses who had worked so hard during the typhoid epidemic in the Spring.

Reports from the various sub-committees were also submitted.

Miss Stuart, in her report of the Griffintown Women's Club, spoke of the excellent work being done in that section of the city. She also asked for stronger coöperation of the members in giving assistance during the coming winter, as so many of the women who come to the meetings bring their babies and so tremendously appreciate these social evenings.

The election of new Officers was then made, Miss Phillips being unanimously re-elected as President; Miss Grace M. Fairley, first Vice-President, and Miss Dunlop second Vice-President; the Misses Stuart, Conveners of the Griffintown Club; Miss Wilson, Secretary-Treasurer, this latter vacancy being caused by Miss DesBrisay's resignation. A number of new members were proposed.

The meeting then adjourned and tea was served.

Food conservation is at present the chief topic at all the Women's Meetings in Montreal, and plans for the coming campaign are well on the way. This so closely affects hospitals that nurses, especially those attached to institutions, are greatly interested in this movement.



# News from The Medical World

(By Miss Elizabeth Robinson Scovil)



## CASUALTY CLEARING STATIONS

The *British Medical Journal* says that the casualty clearing stations, which are furnished with trained nurses, are practically arranged in two series. Those at the front are from six to nine miles from the front trenches, while those of the second line are from three to six miles further back. The smallest accommodate 400 patients, the largest 1200. Wherever possible they are in pairs and take in the wounded alternately. By this plan they are diverted to the other casualty station and the staff left free to treat those already taken in without being disturbed by fresh arrivals.

## THE VAGUS NERVES IN PNEUMONIA

The *American Journal of Physiology* reports experiments showing that injecting cocaine into the vagus (pneumogastric) nerves in pneumonia changes the violent dyspnoea into quiet, normal breathing.

## SUN BATHS

A writer in a Brazilian medical journal advocates the use of sun baths in tuberculosis of the bones, skin diseases, atonic ulcers, and secondary anemia of various origins. Heliotherapy is a very ancient form of treatment, having been practiced by the Egyptians.

## BONE TRANSPLANTATION

The *Annals of Surgery* reports a case in which a defect in the skull measuring about 3 cm. by 5 cm. was filled in by placing a piece of the left scapula over it.

## FOOD FOR CHILDREN FROM TWO TO SEVEN

The *Journal of the American Medical Association* says it is possible to fulfil the requirements of a proper diet, meet the conditions of present unusual prices, and still have a wide choice of food for children from two to seven. Both animal and vegetable fats are useful as food, the animal fats being superior; of these the most economical is said to be oleomargarine. The carbo-hydrates include cereals, breadstuffs, sugar and sweets. These are cheaper in bulk and more expensive when purchased in special packages. Oatmeal, cornmeal, hominy, syrup and rice are most economical. The so-called ready-to-serve breakfast-foods are higher in cost and more difficult of digestion for young children, which more than offsets their ease of preparation. The value of vegetables depends not only on the amount of fat, carbo-hydrates and protein which they contain, but also on their richness in iron and other important salts, and on the amount of fibre, which aids proper action of the bowels.

Spinach, beet tops, chard and other greens are of particular value. For children under seven no raw vegetables should be used, as radishes, tomatoes, cucumbers, celery, green corn, or cabbage. Hot bread, rolls, griddle cakes and doughnuts should be withheld. Corn bread is advisable for one meal a day. No candy or chocolate should be given before five years of age, and only one spoonful of sugar on a dish of cereal. Meat being so expensive, the protein needed must be largely supplied otherwise. Milk and bread with vegetables high in protein, as beans and peas, fresh or dried, and made into soups, will entirely replace it. Wheat and oats contain most protein amongst grains. Fresh fish is valuable when it can be obtained. Plain desserts made from rice, farina, cornstarch, or stale bread, custard, ice cream occasionally, plain cookies and ladyfingers. Milk, not less than a pint nor more than a quart, should be given in the twenty-four hours.

#### TRAINING WAR CRIPPLES

Those who have investigated the re-educational schools of England and France say it is almost impossible for a man to be so badly crippled that he cannot be trained, with the aid of artificial limbs, to some occupation.

#### THE TONSILS AND RHEUMATISM

A writer in the *Medical Record* says that rheumatism is a blood infection, and the infecting organisms that are found in the swollen joints, in the blood and in the urine of sufferers are identical with those commonly found in the throat, and particularly in the tonsils. The nose and throat constantly harbor disease germs, but these are incapable of mischief so long as the upper air passages are in a healthy state. The normal secretions of the nose and throat wash away offensive organisms before they have time to colonize. The crypts of the tonsils at all times contain myriads of disease germs in a quiescent state. As soon as the throat is affected and its secretions lose their bactericidal power, these germs flourish and become virulent. The belief is gaining ground that it is principally through the tonsils that most infections of the system, especially tuberculosis, enter the body. The removal of the tonsils is advocated.

#### PARAFFIN WAX TREATMENT FOR BURNS

A writer in the *New York Medical Journal* has tried a formula in the treatment of burns which he believes is as good as ambrine and less expensive. It is paraffin (M. P. 40 C), 80 per cent.; beeswax (yellow), 10 per cent.; white rosin (turpentine), 3 per cent. He applies this with a soft camel's hair brush, or atomizer, then places a layer of the thinnest absorbent cotton obtainable over the wax. A second layer of the wax is applied, as it completely saturates the cotton and seals down the margin of the dressing to the sound skin. For additional protection a heavy layer of cotton is placed over all. It should be redressed every twenty-four hours. For a time there may be active suppuration beneath the



dressing, but this need not cause alarm, as it soon subsides, and there are no ill-effects. It minimizes the formation of scars and contractions.

#### FLIES

The Merchants' Association of New York says a small quantity of oil of lavender, five cents' worth, mixed with the same amount of water and sprayed from a common glass atomizer in places where flies collect, will drive them away. Geranium, mignonette, heliotrope, white clover and hop blossom odors will remove these pests. A French scientist states that flies have an intense dislike for blue. Rooms decorated in this color are not troubled with them.

#### USES OF GARLIC

The *Medical Record* comments upon the fact that, as the German synthetic compounds are of necessity withdrawn, vegetable drugs are again coming into their own. The juice of garlic and onions has long been a non-professional remedy for whooping-cough, diphtheria, typhoid fever and pneumonia. A writer in the *Medical Men's Letter Circular* says oil of garlic is composed of allyl sulphide with volatile terpenes, and appears to be Nature's antiseptic for internal use, destroying many pathogenic germs in the body and being harmless to the tissues. In this respect it differs from every other known antiseptic of any great value. It may be inhaled in pulmonary conditions, and, when applied to any part of the skin, readily penetrates to the deepest tissues in that region, reaching even to the bones, and finds its way to the blood current so its odor can be detected in the breath in from ten to fifteen minutes after it is applied to the skin. In diphtheria the patient should keep a clove of garlic in the mouth and crush it between the teeth to squeeze out the juice. In three or four hours one to two ounces may be obtained in this way. If effectual all membrane has been removed from the tonsils and the temperature fallen to normal. In whooping-cough, inhalations of the fresh juice relieves the most distressing symptoms. In young children, 20 minims to half a drachm of juice in a little syrup every four hours gives speedy relief in the early stages.

#### BODY TEMPERATURE

A report of health of British munition workers states that the temperature of the body is not constant, but exhibits a distinct cycle during the twenty-four hours. The maximum appears between 4 p.m. and 8 p.m., the minimum between 2 a.m. and 6 a.m. The difference may be said to be between one and two degrees F. This reflects the variations of bodily combustion, particularly that going on in the muscles. Absolute muscular rest and fasting greatly reduces the variations.

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The latest form of leave in the Army is "cradle leave." It is only granted as a special dispensation to officers on active service who have had children born during their absence at the front.

## Public Health Nursing Department

*Conducted by the Committee on Public Health Nursing of the C. N. A.  
Under the Convener on Public Health Nursing*

Each province has now appointed its representative on the Committee on Public Health Nursing of the Canadian National Association of Trained Nurses, and the Committee is "on duty." The number of Canadian nurses interested in the prevention of disease is steadily increasing, and the need for interchange of ideas is felt by all. The Committee will welcome suggestions for bringing the Public Health Nurses of each Province in touch with one another and with their representative, the names of whom follow:

NOVA SCOTIA—Miss E. M. Pemberton, Victoria General Hospital, Halifax, N.S., Night Superintendent of Victoria General Hospital.

NEW BRUNSWICK—Miss Sarah E. Brophy, Fairville, N.B., visiting nurse for the St. John Association for the Prevention of Tuberculosis.

QUEBEC—Miss Anna Hay Browne, 39 St. Luke Street, Montreal, Que.

ONTARIO—Miss Ella J. Jamieson, 23 Woodlawn Avenue East, Toronto, Ont., Supervisor of School Nursing, Department of Public Health.

MANITOBA—Miss Elizabeth Carruthers, 666 McMillan Avenue, Winnipeg, Man., Social Service Nurse of the Children's Hospital of Winnipeg.

SASKATCHEWAN—Mrs. E. M. Feeny, Avenue Hotel, Prince Albert, Sask., School Nurse, Prince Albert, Sask.

ALBERTA—

BRITISH COLUMBIA—Miss Helen Bone, 2614 Ontario Street, Vancouver, B. C., School Nurse, South Vancouver, B. C.

CONVENER—Eunice H. Dyke, City Hall, Toronto, Director of the Division of Public Health Nursing, Department of Public Health, Toronto, Ont.

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Miss C. A. Kier, formerly with the staff of the V. O. N. in Winnipeg, is now establishing Child Welfare work in Moose Jaw, Sask.

Miss Kathleen Vanetta, of Vancouver, and Miss Bessie Hookie, of Middlesex, Eng., are engaged in tuberculosis work in Winnipeg.

Miss Rose Hamilton, of the Winnipeg General Hospital, is Social Service Nurse for the Patriotic Association, Winnipeg.

Miss A. Brandon, of Brandon, Man.; Miss Violet Adair, of the Winnipeg General Hospital, and Miss A. Moore, of the Winnipeg General Hospital, are doing Child Welfare work in Winnipeg, Man.

Mrs. Wilson, formerly on the staff of the Victorian Order of Nurses, Edmonton, Alta., is now with the V. O. N. in Winnipeg.



The following is a report received from Miss Brophy, our New Brunswick representative. It seems to be of interest to most of our public health nurses, whose work will begin in just such a way as Miss Brophy's work has:

"The St. John Association for the Prevention of Tuberculosis was organized in 1909, and has a staff of three doctors and a nurse. A Dispensary is provided, where patients are examined and treated free of charge. A "Milk and Egg" fund provides poor patients with these necessities. Miss Sarah E. Brophy, the nurse in charge, when not on duty at the Dispensary, visits the patients in their homes, and reports to the local Board of Health any unsanitary conditions found. Instructions are given the patients and literature distributed."

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## The Nurse's Library



*Practical Dietetics with Reference to Diet in Health and Disease*—by Alida Frances Pattee, Eleventh Edition, enlarged and revised. Published by A. F. Pattee, Mount Vernon, N.Y. Price, \$1.75. To merely state that this is the eleventh edition of Miss Pattee's book would give anyone a very good idea of the popularity of it, and one only has to glance through the book to see its value. As a text-book in the school or a help to the nurse in private practice, it is hard to think of one that would help more. The individual recipes are most useful, and the diataries answer many a question. Miss Pattee has brought out this year a smaller book, *The Handbag Diet Book* which is sold to nurses only in connection with Pattee's Practical Dietetics. The nurse who is in possession of a copy of the latter, by sending the coupon found on one of the last pages of her book, with professional card or hospital order, to the publisher or book dealer, enclosing 50 cents, may have the book. This is a most convenient form and contains enough to help the nurse through many a difficulty. State Board Requirements in Dietetics, and State Board Examination Questions, a paper covered book, is given with every copy of Pattee's Practical Dietetics, or sold separately for fifty cents.

*Obstetric and Gynecologic Nursing*, fifth edition, thoroughly revised, by Edward P. Davis, A.M., M.D., Professor of Obstetrics in the Jefferson Medical College, Philadelphia. 12mo volume of 499 pages, 104 illustrations. Fifth edition thoroughly revised. Philadelphia and London; W. B. Saunders Company, 1917. Buckram, \$2.00 net. To many schools this text-book is an old friend, and to schools planning to change, no better one can be recommended. This edition, the fifth, is most thoroughly revised and brought up to date.

## Hospitals and Nurses



### NOVA SCOTIA

Nursing Sister Cora P. Archibald (R.V.H.), of the McGill Hospital Unit, who has been spending a short leave at her home in Truro, was in Halifax recently en route to England.

Nursing Sister Harriet Graham, of New Glasgow, passed through Halifax on her way to France, where she has been since the beginning of the war.

Among the recent visitors to Halifax are Miss Beard, Director of the Instructive District Nursing Association of Boston, and Miss Grace O'Bryan, a leading official of the same organization. Miss O'Bryan is a native of Halifax.

Nursing Sister Flora Frazer is being warmly congratulated on her appointment to the new Camp Hill Hospital as Matron. It is to be opened shortly and will have a capacity of about 500 beds.

Nursing Sister Hayden, who spent the summer at the camp at Aldershot, has returned to Halifax. Several Sisters from the Hospital at Pier 2 went on duty on the last hospital train to leave Halifax.

His Excellency the Duke of Devonshire, Governor-General of Canada, was in Halifax recently and paid a visit to all the military hospitals and convalescent homes. He appeared much pleased with them and addressed the men in Pine Hill Convalescent Home.

Miss Cora Hunt, formerly Night Supervisor of the Presbyterian Hospital, New York, has been appointed Superintendent of Nurses at the Victoria General Hospital, Halifax.

Miss Kirkpatrick, recently Superintendent of the Truro Hospital, is acting as Superintendent of Dr. Mader's Private Hospital, Halifax.

Miss Robinson, of the Payzant Memorial Hospital, has successfully passed the examinations of the N.S.G.N.A. Members of the Association who have recently received appointments to the staff of the Halifax Military Hospital are Miss Beatrice Smily, Graduate of the V. G. H., Halifax, and Miss Nellie Coolen, graduate of the Nova Scotia Hospital, Dartmouth, N.S.

Nursing Sister Flora Fraser, A.M.C., was in charge of the Field Hospital Exhibit at the Armories in connection with the Red Cross exhibit of trophies from the front. These include war posters and relics of all sorts, both ancient and modern. The field hospital was a great attraction, consisting of two tents, beds and surgical appliances, a field dressing table, and a field stand for solutions were among the things that attracted particular attention. An ambulance driver and assistants were there and some returned men to act as patients. The Sisters were most



kind in answering questions and explaining the different ways and means of tent life generally.

Nursing Sister Mackay, of Pictou County, is at the Station Hospital. She had previously served for two years in France with the C.A.M.C.

Nursing Sister Howard has gone to Kentville and is on duty at the Sanitarium for returned soldiers.

The nursing officers of the St. John Ambulance Brigade, members of the N.S.G.N.A., all take their turn at the pier upon the arrival of a hospital train. Each officer usually has about twenty V.A.D. members with her, who assist at the hospital in the making of beds, serving trays, etc. The brigade drills are also held once a month by each nursing officer.

Nursing Sister Sadie Maclean, Matron of the Moxham Convalescent Home for Returned Soldiers at Sydney, was in Halifax recently.

### NEW BRUNSWICK

Nursing Sisters Maud Gaskin and Nellie Floyd have returned to St. John on three months' leave.

The regular meeting of the N.B.A. of G.N. was held on Thursday, October 2nd, 1917, in the Board Room of the G.P.H. The President, Miss Williams, was in the chair. The usual routine business was transacted.

Miss Edna Swan has resumed her duties, after undergoing an operation at the G.P.H., St. John.

Nursing Sister Muretta Compton has been in Woodstock at the Military Hospital there.

About \$840 was raised by the St. John nurses for the British Red Cross. Sixty Christmas stockings were filled by the nurses of the G.P.H. for the soldiers in hospital overseas. The school nurses were assisted by others in the city.

### QUEBEC

A meeting of the Graduate Nurses' Association of the Province of Quebec was held in Montreal on October 18th, when the business under discussion was the nursing conditions in smaller hospitals, as a result of which Miss Green, the new Lady Superintendent of Lachine General Hospital, held a reception for the Executive of the Provincial Society at the Hospital on the 26th October. After being received by the President, the members of the association paid a visit to the wards and administrative departments. The afternoon was a glorious one, and the President and one of the visiting doctors kindly arranged a motor trip along the lakeside.

The Edith Cavell Chapter of the I.O.D.E. held its monthly business meeting at the Club Rooms of the C.N.A. on Tuesday, 30th October. This took the form of a social evening, at which Nursing Sister Upton,

C.A.M.C., was the guest. She had several very interesting photographs from Egypt and Lemnos and spoke of her work there during the fighting at the Dardanelles.

The Treasurer, in giving her report, announced the very generous donation from the Western Hospital Alumnae of \$65 for the Prisoners' of War Fund, and it was decided to adopt another prisoner. This will now make eight prisoners that the Chapter is providing with fortnightly parcels of eatables.

The Secretary read the list of things which had been packed in the Christmas stockings sent to the men in the East, one hundred in number.

#### MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION

Miss Amy DesBrisay has returned to the City after spending three months at La Chute, P.Q.

Nursing Sister Marjory Ross spent a limited time at her home here, having come from France on transport duty.

Nursing Sister G. Massy has been transferred to Ontario Military Hospital, Orpington, Kent.

Nursing Sisters A. C. Sargeant and Mary McLeod, who were among the last number of our nurses to go to the front, are now stationed at No. 3 Canadian General Hospital (McGill).

Nursing Sister Lillian Dickie is back in France again, after leave in Canada, followed by duty in England.

Miss Helen DesBrisay has resigned her position as Secretary-Treasurer of Canadian Nurses' Association of this city, and is now Matron of the St. John's School here.

The following nurses were presented with their diplomas and medals of graduation by Mr. Farquhar Robertson at a recent meeting of the General Hospital Board of Management: Misses Lulu M. McIntosh, Adelaide C. Whitney, Beatrice McCarthy, Ethel W. Hogge, Nellie M. Stewart, Beatrice M. Hadrill, Mary E. H. Montgomery, L. M. Brown, Luida J. Odmark, Minnie M. Pharoah, Amy Kenyon, Elizabeth M. Peach, Charlotte S. Murdock, Christina Fleming, Ethel P. Gilmour and Eva M. Farrell.

Drs. F. J. Shepherd and H. A. Lafleur congratulated the graduates on their success at the conclusion of the ceremony.

Miss Carrie Todd visited her brother in Rochester, N.Y., and is now spending some time with her parents at Bury, P.Q.

Nursing Sister R. M. Knight has been transferred from No. 6 Canadian General Hospital to No. 2 Canadian General Hospital at Le Treport.

Nursing Sister Juliette Pelletier, who has been serving in military hospitals in England, France, Greece and Egypt, has arrived in Quebec City on leave of absence, and will spend several days with her parents, Colonel and Madame Oscar Pelletier.



Nursing Sister L. Erquhart, in France, met with an accident by falling from her bicycle and spraining her ankle, afterwards being taken to a hospital in Rouen, but has since been transferred to a convalescent hospital.

Miss Agnes Gillespie, who has lately undergone an operation for appendicitis at the M.G.H., is making a speedy recovery.

#### CHILDREN'S MEMORIAL HOSPITAL, MONTREAL

On Saturday afternoon, September 22nd, the graduation exercises of the Nurses' Training School, Children's Memorial Hospital, took place, Dr. Mackenzie Forbes in the chair.

Dr. Blackader addressed the nurses and presented diplomas to Miss Eva Taylor, Miss Grace Snelgrove, and Miss Isobel Hayward.

The children of the school in connection with the hospital also held their commencement exercises on the campus in front of the hospital. At the conclusion of the afternoon programme, tea was served and the wards thrown open for inspection.

#### ONTARIO

The annual meeting of the Alumnæ Association of the Mack Training School was held at the Nurses' Home, St. Catharines, on September 5th, 1917. After the usual business the following officers were elected: Hon. President, Miss Uren; President, Miss Durham; First Vice-President, Miss Parnell; Second Vice-President, Miss C. A. Bush; Secretary-Treasurer, Miss S. C. Humphries; Recording Secretary, Miss Fowler. Auditors were then elected. A discussion took place on the advisability of changing the nurses' rates. It was also decided that the members overseas were to be kept in good standing without payment of their fees. It was decided to purchase an Honor Roll for the Overseas nurses. After the meeting an invitation to remain for tea was given by the Superintendent, Miss Uren, which was accepted and thoroughly enjoyed.

The sixth annual meeting of the St. Joseph's Hospital Alumnæ Association was held at the Hospital, Chatham, Ont., October 3rd, 1917, with the President, Mrs. Durocher, in the chair. After the usual business was disposed of a resolution of sympathy with Mrs. Durocher on the death of her mother was passed. The resignation of Miss Phelan as Representative to the *Canadian Nurse* was read and accepted and Miss Lydon appointed for the remainder of the year. A short talk was given by Rev. Father James on the value of a high standard in the nurse's life. The date for the annual meeting was decided to be December 27th, 1917. After refreshments had been served by the Sisters of St. Joseph the meeting adjourned.

The illness of two of the graduates of St. Joseph's Hospital, Chatham, Misses Ursula Walsh and G. Etue, were reported to the meeting and much sympathy given.

The many friends of Miss Hazel Wallace, Toronto General Hospital (1908), will regret her serious illness in Dawson City, Yukon.

On October 12th, at the Toronto Graduates' Club, the Toronto Western Hospital Alumnae Association entertained at luncheon Nursing Sisters Lena Davis and Ella M. Drysdale, who were home on a short furlough after spending over two years overseas, and Sadie B. Jackson, who recently returned after a year's service with the French Flag Nursing Corps in France.

The twenty-fifth anniversary of St. Michael's Hospital was celebrated September 29th. The exercises were opened by a High Mass by Archbishop McNeil, at which many prominent men were present. In the afternoon the Sisters held a reception on the roof garden and were the recipients of many gifts, among them a silver basket filled with roses from the graduates. The annual retreat for nurses was held at the Hospital on September 25th, 26th and 27th, and was well attended, many graduates from out of town attending. Miss Kehoe, of Kentucky, and Miss Provencher, of New York, were in town attending the retreat.

The following are the officers of the Alumnae Association: President, Miss I. Foy; First Vice-President, Miss A. Dolan; Second Vice-President, Miss A. B. Long; Third Vice-President, Miss H. B. O'Connor; Corresponding Secretary, Miss A. O'Connor, 853 Bathurst Street; Recording Secretary, Miss C. McBride; Treasurer, Miss M. Galbraith; Registry Representatives, Miss A. M. Cahill and Miss J. B. O'Connor; Representatives to Press and *Canadian Nurse*, Miss E. Strubbenfield and Miss G. Coyle; Directors, Mrs. P. W. O'Brien, Miss B. Hayes and Miss D. Ayward.

The hosts of friends of Miss Snively will heartily regret that she has had to be operated upon for her tonsils at the Toronto General Hospital. It is to be hoped that she makes a rapid recovery.

Miss Georgie Henry, T. G. H., 1910, who has been in very poor health for the past nine months, has, with her sister, Miss May Henry, arrived at Long Beach, California, for a prolonged rest.

The graduating exercises of the Amasa Wood Hospital Training School for Nurses were held on September 20th, 1917, in the Collegiate Auditorium. The following nurses received their diplomas and pins: Misses Mary Malcolm, Ella Anderson, Rose Brunk, Susie Dickhout and Lena Ewing. An attractive musical programme was arranged, after which the address to the class was given by Dr. G. A. Shannon. The Nightingale Pledge was taken by the nurses. After the distribution of the diplomas and medals by the Superintendent, Miss Miller, the nurses each received many flowers from their friends. A banquet was given them by the Intermediate class at the close of the exercises. On September 27th, 1917, the Amasa Wood Hospital Alumnae Association was formed.

The October meeting of the Kingston Chapter of the G.N.A.O. met Tuesday afternoon in the Nurses' Residence of the General Hospital, Mrs. S. Crawford presiding.



Arrangements were made to assist the Hospital Ladies' Aid on "Tag Day" in October.

Letters received from overseas in reply from "comfort bags" were read.

Two nurses, Miss Boskill and Mrs. Crawford, were appointed to visit sick nurses this month.

A report from the Canadian National Association Convention held in Montreal last June was read by one of the delegates.

Mrs. John MacGillivray gave a very interesting address on "Food Conservation," which was much appreciated by those present.

### ALBERTA

The Bean Contest held under the auspices of the Calgary Association of Graduate Nurses in aid of the British Red Cross was very successful, realizing \$93.50. The prizes were won by Miss Marion Begg and Mr. Leonard Greenwood.

Miss Elizabeth Fletcher has been appointed by the Calgary Association of Graduate Nurses as their representative for the *Canadian Nurse*.

Miss Isabel J. Smith, graduate of Nichols Hospital, Peterborough, Ont., after spending the past month in Vancouver, B. C., has resumed her former position as head nurse in the Brett Hospital, Banff, Alberta. Miss Smith has been doing private nursing in Pasadena, California, for the past two years.

### BRITISH COLUMBIA

Miss Jessie Rhodes, V.G.H., has been given charge of the Hospital in White Horse, Yukon Territory, in place of Miss Mabel Adamson, V.G.H., who has been Superintendent there for several years. Much sympathy has been given to Miss Adamson on the death of her father.

The Royal Red Cross second class has been given to Miss Pauline Rose, who, at the time of her enlistment, was matron of the Nanaimo General Hospital. The same decoration was given to Miss Christine Mowbray, graduate of the Jubilee Hospital, Victoria.

For the first time in the history of the Vancouver General Hospital, two graduating exercises in the same year have been held. October 31st twenty-one nurses received diplomas from Mrs. Gatewood, wife of the Chairman of the Board, and were given the Florence Nightingale Pledge by Rev. Dr. Clark. Addresses were given by Dr. Wesbrook, President of the University of British Columbia, and Dr. Pearson. A purse of gold was presented to Miss Snyder by the doctors on her departure from the Hospital, and was presented by Dr. Weld.

The General Efficiency Medal (presented by Dr. R. E. McKechnie) and the Glen Campbell Prize were both won by Miss Ethel May Elliott, and the Seldon Prize for highest standing in surgical work was won by Miss Ada Madeline Mingay.

The list of graduates is as follows: Misses Irene Lawson, Mary Sharp, Madeline Mingay, Bessie Burnett, Mildred Hunter, Cornelia Shields, Maude Parr, May Pearcey, Helen Sollaway, Ethel Elliott, Aline Brown, Blanche Hastings, Mollie Bunbury, Pearl Wall, May Crowe, Gertrude McLaughlin, Jean Mackay, Elva Stone, Elizabeth Withers, Rene Ross and Florence Steel.

Miss Jessie Hart, V.G.H., is spending the winter in California.

Miss Margaret Sinclair, graduate of the Victoria Hospital, London, Ont., who has been spending her holidays in Vancouver, B.C., has returned to San Francisco.

Nursing Sister Mary Thomas, formerly Superintendent of the Sanitarium at Tranquille, B.C., is now on the staff of the Kitchener Military Hospital at Brighton, England.

Miss Cole, who is taking Miss Deacon's place as Superintendent of the Florence Nightingale Home of the Victorian Order of Nurses, has arrived in Vancouver. She was with the Victorian Order for five years in Winnipeg, where much regret was expressed on her departure for the Coast.

Miss Sadie Milne, graduate of the Vancouver General Hospital, has accepted a position in the General Hospital at Atlin, B.C.

Miss Moore, of Victoria, a graduate of the Hazelton General Hospital, has accepted the position of Superintendent of the Hazelton General Hospital.

The marriage took place on October 19th of Miss Mary Ferguson, Superintendent of the Sanitarium at Tranquille, B.C., and Mr. Alexander Whitecross, Secretary of the same institution. After the honeymoon Mr. and Mrs. Whitecross will return to Tranquille.

Miss C. Musselman, B.G.H., has accepted the position of Superintendent of the Lamont Public Hospital, Lamont, Alberta.

Much sympathy is expressed for Mrs. Filmore-Wyatt, Supervising Nurse at the Isolation Hospital, Vancouver General Hospital, on the death of her husband, Sergt. Fred. Filmore-Wyatt, who was killed recently "somewhere in France."

Word has been received in Vancouver by her brother that Nursing Sister Milne, who has been with the Second Scottish Expeditionary Force for over two- and a-half years, was struck on September 30th by a bomb from a German aeroplane, dying a few moments later. The same bomb killed four nurses and thirty-two patients. Nursing Sister Milne was on the staff of the Royal Edinburgh Infirmary for five years previous to the outbreak of the war.

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### Births

RICHARDSON—At Grenfell, Sask., September 27th, 1917, to Mr. and Mrs. A. A. Richardson a son, John Douglas. Mrs. Richardson was Miss H. Belle-McGregor, graduate Hamilton City Hospital, 1909.

VAN WYCK—At the Private Pavilion, Toronto General Hospital, October 18th, 1917, the wife of Captain Hermon B. Van Wyck (Jean MacTavish, 1915) of a son. Captain Van Wyck is with No. 4 Canadian General Hospital, Basingstoke, England.

SHAW—At 177 Lawdor Avenue, Toronto, on May 23rd, 1917, to Mr. and Mrs. W. J. Shaw a son. Mrs. Shaw was Miss Hannah, Toronto Western Hospital, 1915.

HEWITT—On September 17th, at the Pavilion, Toronto General Hospital, to Captain S. R. Hewitt, C.A.M.C., C.E.F., and Mrs. Hewitt, a daughter. Mrs. Hewitt is a graduate of the Toronto General Hospital.

BADGELEY—At the Woman's Hospital, Toronto, on October 13th, 1917, to Dr. and Mrs. Fred. N. Badgeley a daughter. Mrs. Badgeley was Miss Pearl Gorringe, T.C.H., class of 1913.

FRASER—To Mr. and Mrs. Fraser, at Dundee, Que., October 17th, 1917, a son. Mrs. Fraser was Miss Templeton, M.G.H., 1910.

### Marriages

BRODIE-CARSON—On September 26th, 1917, at the home of Mr. and Mrs. Carson, P.E.I., Miss Ida Carson (G.P.H., '14) to Mr. Neil Brodie, of St. John, N.B. Mr. and Mrs. Brodie will reside in St. John.

DAVIDSON-BEATTY—On Saturday, September 22, 1917, at St. Augustine's Church, by the Rev. F. G. Plummer, Lillian Hazel Beatty, daughter of the late Oliver Beatty, of Hamilton, Ont., and Mrs. G. W. Black, Los Angeles, California, to Dr. Robert Edward Davidson, 1980 Queen Street East, eldest son of Mr. and Mrs. James H. Davidson, Beachburg, Ont.

SHEPHARDSON-CHARTERS—On August 1st, 1917, at College Street Presbyterian Church, Toronto, Bernice M. Charters to Mr. George E. Shephardson, Hawarden, Sask. Mrs. Shephardson is a graduate of Grace Hospital, Toronto, 1912.

### Deaths

MOFFATT—At Kootenay General Hospital, Nelson, B. C., on October 2nd, 1917, of pneumonia, Ida, wife of Fred. C. Moffatt. Mrs. Moffatt was Miss Ida Morris, graduate of the Montreal General Hospital, class 1910.

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 Like living things and throb all powerless  
 Against dead walls grown pale with weariness;  
 And dull, blank windows, where the hours wane.  
 Yet here—begot by very violence  
 Of pain, that pain might sting itself, and heal—  
 The living spirit of compassion dwells  
 And ministers in selfless diligence  
 With keen, strong hand; till I, who lie here, feel  
 That Heaven has stooped and laid its lips to hell's!

A good man is the best friend, and therefore soonest to be chosen,  
 longer to be retained, and, indeed, never to be parted with, unless he  
 cease to be that for which he was chosen.—JEREMY TAYLOR.



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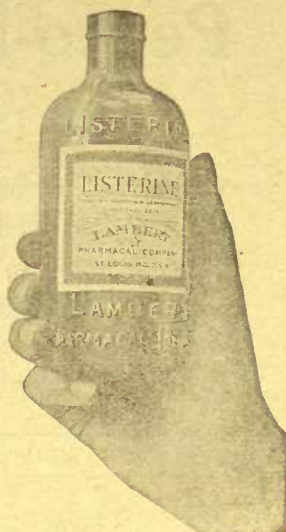
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sends a Christmas Message of  
Goodwill and best wishes  
for a Happy New Year





## The Canadian Nurse and Hospital Review

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## The Deficiency Diseases of Infancy and Childhood

BY ALAN BROWN, M.B.

*Attending Physician Infants' Department, Hospital for Sick Children  
and the Infants' Ward, Toronto General Hospital; Director  
Department of Child Hygiene, City of Toronto.*

(Read before the Ontario Medical Association, Toronto, June, 1917)

The term "vitamines" was introduced by Casimir Funk in 1912 to designate certain organic bases, the importance of which was recognized as the result of experimental studies on beri-beri. It was demonstrated that the ætiology of the peculiar disease was associated with the lack of the above substance in foods, which has been deprived of the important elements contained in the outer layer or husk of the grain of cereals by too extensive milling, or by the consumption of a diet subjected either to prolonged heating or heating under pressure.

The name "vitamines" has been applied to these substances for two reasons. In the first instance they are undoubtedly proven to be indispensable to life. It is not exactly known what their physiological function is, but the assertion that they are indispensable is an indisputable fact. In the second place they belong to the class of organic bases exhibiting certain specific chemical characters. A better plea cannot be brought forward in support of the appellation vitamine than by referring to the well-known fact that an animal is able to live longer when food is withheld altogether than when all the known constituents of a diet, with the exception of the vitamins, are supplied to it.

The chief chemical properties so far observed are that they are isomers of adenine and soluble in alcohol readily obtainable from yeast

through precipitation with a colloidal hydrate aluminum silicate preparation known as Lloyd's reagent. The various vitamins are destroyed by different degrees of heat and hence become inactive.

With regard to the physiology of the vitamins, it cannot be explained as yet why these substances are so indispensable to the animal organism, but certain facts in this connection which have been gathered so far must be mentioned. First, Funk found that animals fed on white rice showed very marked changes in the chemical composition of the brain. This finding is possibly important, as the most characteristic feature of deficiency diseases is a group of symptoms arising from the central nervous system. It is possible that these changes are due to the half-starved condition of the animals. Another important fact which was discovered a short time ago is that a definite relationship exists between the onset of certain deficiency diseases and the amount of carbohydrates consumed. It was already known for some time to those who had studied beri-beri from the clinical standpoint that with an increase in the consumption of polished rice the onset of the disease can be hastened. It is also known that deficiency diseases in childhood (especially rickets and tetany and probably scurvy) occur when proprietary foods consisting chiefly of starch make up the bulk of the dietary; this observation we have fully confirmed in the wards and laboratory at the Children's Hospital.

With regard to the influence of vitamins on metabolism some important facts are known. Although the measure of their importance on metabolism is at present obscure, active experiments have demonstrated that in the absence of vitamins the entire metabolism of organic and inorganic constituents goes wrong, especially is the relationship between the  $\frac{Na+K}{Ca+Mg}$  interfered with.

In the various researches in diseases of children of to-day, no group of abnormal conditions has received such intensive study as rickets, scurvy, tetany, osteogenesis-imperfecta, infantile beri-beri and pellagra; these diseases, especially the first four, class themselves under the one heading, deficiency diseases, as they are more or less inter-related aetiologicaly, possess a striking similarity in symptomatology, and respond to a greater or lesser degree to an allied therapy.

Up to the age of six or seven months, in many cases longer, an infant is fed exclusively on milk. Under normal conditions there is no doubt that mother's milk is an ideal infant's food, but in these days the force of circumstances or numerous other factors, not ordinarily granted much deserved attention by the medical attendant, may so change the composition of the mother's milk that it ceases to be a complete food. This failure to be a complete food cannot so far be demonstrated in the laboratory by the ordinary chemical analysis, an analysis to which so many practitioners have attached so much importance. One need not go further than to observe the well-known fact that frequently, during pregnancy and lactation, mothers will desire and seem to exist upon a



diet which is badly chosen from the standpoint of our recent knowledge of modern physiological standards. We are all ready to admit that frequently these abnormal cravings are in the direction of articles of diet which have a very doubtful matrimonial value and, from our standpoint also, very doubtful powers of maintaining a metabolic balance. May we not, therefore, analyze the congenital deficiency diseases, or those appearing soon after birth in breast fed babies, as deriving causative faction from the deficient maternal diet just referred to. Sufficient analyses of much milk have been made, however, in the case of mothers where nursing infants have died from infantile beri-beri, to show that the lacking factor in the diet cannot be a deficiency in proteins, inorganic salts or even fat, and, as the infantile malady can be cured precisely like the adult type by an administration of an extract of rice polishings, it seems logical to conclude in the light of present knowledge that the two are caused by a deficiency of the so-called vitamins. It is likewise probably true that the maternal organism is unable to synthesize vitamins unless they are supplied in the food to the lactating mother. These important facts are not generally known by those who have developing and growing children in charge, and as a result we have a deficiency in the metabolic requirements in many breast-fed infants, with scurvy or rachitis, or both, as frank manifestations and "difficult feeding cases" with even less understood ætiology as more occult manifestations. The above facts are also in perfect agreement with the plentiful evidence that the deficiency diseases of later life, markedly osteomalacia, occur more frequently in the female and more especially during the child-bearing period. We can easily verify all these facts by the animal experiments which have been reported by many observers. Unusual physical exertion also requires not only additional calories but also additional vitamins, and especially is this true when unusual demands are made upon the powers of the carrying or nursing mother. Pigeons, if forcibly exercised and plentifully fed on polished rice, develop severe symptoms of beri-beri, while controls at rest and on the same diet during the same period of time remain far less affected; in fact pigeons at rest may remain free from any discernable symptom of beri-beri for an unusually long time even though fed on an exclusive diet of polished rice, and then, if suddenly exercised, will develop all the symptoms of beri-beri in a few moments.

From these observations we will now pass to the consideration of the artificial feeding of infants on modifications of whole cow's milk, and in handling this problem there are two main points of consideration. First, when milk is subjected to certain degrees of heat either by sterilizing or pasteurizing, experiments recently conducted go to show that the destruction of vitamins or growth element content is destroyed at certain degrees of temperature. Neumann and Heubner conducted investigations years ago which showed conclusively that infants fed on pasteurized milk entirely may develop scurvy. These researches were disregarded for a number of years, in fact their results were questioned by

some for a long time. To-day the same evidence which was brought forward by Neumann and Heubner is finding growing acceptance. The fact that orange juice might be given as early as the first month with benefit was admitted by several observers years ago. Recent evidence tends to show that in over-heated milk the factor which disturbs the normal metabolic processes of the nursling is not a chemical change in the casein or other protein of the milk as McCallum believes, but is due, as has been proven by recent observations, in which the author in conjunction with Dr. George Smith has been particularly interested, to the inactivation of a definite substance in raw milk which prevents pigeons fed on polished rice from developing beri-beri in the usual length of time. Undoubtedly a vitamine. Secondly, the growth element content of cow's milk is by no means a constant factor; it is entirely dependent on the same, or at any rate similar conditions among cows, as has just been discussed in regard to nursing mothers. More particularly does this deserve our attention when we recall that in the summer the cows, or other milk-giving animals, gain their supply of fresh food directly from pasturage, while in the winter the food has been subjected to drying, curing and storage, all tending toward inactivation of the vitamine content. Actual epidemics of deficiency diseases among calves and then cows have been described by Lötsch as occurring during winter in the poorer districts of Switzerland. There is no doubt that if more attention were centred upon these facts that many cases of rickets, as well as some of the other deficiency diseases, would find an ætiology more definite than that with which they are at present dismissed.

Passing to the child of runabout age, why is it that the deficiency diseases are still manifest when food other than a pure milk dietary is offered? Highly milled cereals cooked interminably, to say nothing of the amount of starch solutions already forming the diluents of feeding formulas, were previously prescribed in most cases. Actual experiments upon rats fed with certain of the so-called patent foods have proved beyond doubt that most of such preparations are not sufficient to maintain life, to say nothing of promoting growth, though they contain enough protein substance with all the "necessary amino acids" as laid down by Osborne and Mendel. One may argue that the results obtained in rats may not apply to human beings. Granting that, we still learn that something is missing in certain of these foods, a something which was probably destroyed in the process of its manufacture, since the test animals thrive very satisfactorily if they are fed with the raw materials from which most of these foods are made, or else if some adjuvant containing the missing substances is added to the baby food. The "missing substance" is contained in fruit juice and yeast, and both must be administered to make a complete food for the rat. In the added fact that babies fed on the above food, exclusively, are the commonest victims of the deficiency diseases, especially rachitis and scurvy and tetany, we have the "evidence before the fact," as the lawyers put it.



Now we know from the researches of Funk that the foremost functions of the vitamins are to influence carbohydrate metabolism, especially that of the starches, and that when this substance, or these substances, are not present in proportionate amount to the increased starch content of the dietary, the metabolism fails, its balance is destroyed, and the patient suffers from the minor or major manifestations of disturbed nutrition or growth, entirely independent of the caloric value of his food intake or its inorganic constituents. Be it in its mildest form of so-called "difficult feeding cases" or in the severest form of rachitis or even death, the cause is the same and the resulting condition simply a matter of degree. What is our problem, therefore? Either to diminish the quantity of carbohydrate, principally the starches, or else to supply substances such as fresh or very lightly cooked vegetables, or certain extracts which are known to obtain a marked excess of these essential substances. To do the former would mean a loss of calories to the child; to do the latter rarely fails to prove of decided benefit. It is held by many of our most prominent students of nutrition that excessive housing or other unfavorable hygienic conditions are prime factors in the production of deficiency diseases, especially rachitis; this belief received a great impetus in the publication of "Kassowitz," in which he put forth his famous "domestication theory" as an ætiological factor of first importance in the production of deficiency disease in animals. Recklinghausen and others could not confirm his observation. Observations upon animals used by Funk in his experiments on nutrition showed them to be in better condition than others living amid better hygienic surroundings. They were found to be nearly double the size of normal animals, gave no signs of deficiency diseases, and their offspring were far superior in vitality and growth to those born to animals living under normal conditions. We do not advance this as an argument against proper hygiene in the care of our babies, for it is certain that had the animals lived amid better hygienic surroundings in addition to their high vitamin diet they would have done even better; what is really to be emphasized is the inadequacy of the theory of poor hygiene as the fundamental cause of the deficiency diseases. All of us have seen rickets amid the best hygienic surroundings, and have failed to find it universal amid the very worst hygienic conditions. The same applies to all the other deficiency diseases. Other things being equal, however, hygiene undoubtedly plays its part in determining their progress and outcome, as it does in all other conditions and diseases with which we are concerned in our daily work.

Lastly, we have the problem of the child with its likes and dislikes toward certain articles of food and the degree to which those who have the child in charge cater to its wishes. Let us take as our examples the children between the ages of two and four years, for after all it is every man's experience that children affected, for instance, with rickets show improvement before the expiration of that period. The explanation is simple if we remember that about this time the diet is varied and includes many fresh foods, such as juices, fruits, fresh vegetables and

the like, which, if not over-cooked, are rich in active vitamins. These substances have, in such cases, again exerted their corrective influence, thereby bringing the metabolic standard up to its proper level. Many children, in spite of this, unfortunately, are permitted an excess of foods rendered poor in active vitamins by overheating; add to this excessive carbohydrate to tickle the palate, crackers, bread, sweets, etc., between meals, or in excess at meals, and we have fertile soil for the development of one or the other of the deficiency diseases. As the origin of a "vicious circle" we find an idle effort made on the part of their attendants, perhaps under professional advice, to offset the evident substandard development of the child by the addition of more of the "foods" just given as samples, thereby not only spoiling their appetite for foods they should have, foods rich in active vitamins, but maintaining the very state of metabolic deficiency which they are attempting to combat. This furnishes us a reasonable explanation for the many cases of over-fed weaklings and "substandards" that we see, and gives us at least a clue as to how to comfort the heart-broken mother who gives her progeny "every care" and "the best of food" and yet fails to bring him up to the standard of the "neighbor's baby" who, by the way, "is not nearly so well taken care of." Cases of "persistent rickets" give us no more difficulties as to aetiology, and many hints as to treatment, if we remember the facts just presented.

A most important fact to note in relation to this discussion is that all of the deficiency diseases enumerated, as well as many allied conditions of similar origin, overlap in their main symptoms. True, certain characteristic symptoms, especially diagnostic of one or the other of the diseases just mentioned, may stand out more prominently in that disease and so mislead one into the belief that no inter-relation exists; but a careful study cannot fail to reveal an undeniable similarity of symptoms, taken as a whole, among apparently dissimilar conditions with correspondingly dissimilar names. All seem to find a common cause in some form of vitamin deficiency in the food. Furthermore, of paramount interest is the fact that each, if studied by means of the metabolism-bed shows a negative balance of the inorganic salts, such as calcium, magnesium, phosphorous, and sulphur. It is not the purpose of this paper to go into the minute symptomatology of each of these conditions at this time, as this has been done many times by others and is sufficiently familiar to all, but it may be of service for the purposes of this paper to point out an overlapping of symptoms in the diseases under consideration. Haemorrhagic tendencies are most marked in scurvy, less marked in pellagra (though often present to such a degree as to present difficulties in different diagnosis) frequently seen in beri-beri, often seen in rachitis and osteomalacia and have been reported as occurring in cases of osteogenesis-imperfecta. Gastrointestinal symptoms are very common in pellagra, very common in scurvy, always present in beri-beri, and very frequently in rachitis. The nervous system is particularly vulnerable to all forms of deficiency disease. Whether it be a hyper-



irritability, a spasticity, a peripheral neuritis, a central neuritis, or the manifestations take the form of convulsions, of pain or of palsy, they are present to a greater or lesser degree in each and every one of this group of diseases. We need not individualize, but the most superficial comparison of the ordinary disturbances of the nervous system found in one, with those found in another, leave nothing lacking as far as similarity or analogy is concerned; whether the influence upon the nervous system be interpreted as direct or indirect, it reverts to the metabolic deficiency as the basis of it all. Skin symptoms are common to all of these diseases, either in the form of eczema, an urticaria, a dermatitis or purpura, or a combination of two or more of these eruptions may appear at the same time, or in sequence. Obviously no marked improvement will appear in the eruptions until the metabolic deficiency at the bottom of it has been dietetically corrected. Perhaps the successful practice of withdrawing or diminishing the sugar content in the diet of the eczematous child or one with spasm of some portion of the respiratory system with a rachitic basis, may find its explanation in the withdrawal of just so much carbohydrate as overwhelmed the amount of vitamines taken in the daily diet of the child. Chronic or acute changes in the skeleton, especially in the long bones, are too well known and so generally apparent in all of the deficiency diseases that neither space nor time need be given to their discussion here. Blood changes ranging from a simple anemia of short duration to the very severest blood pictures lasting over long periods, perhaps through life, are common to all of the deficiency diseases depending upon their severity or duration. Changes in the ductless glands have been so marked in practically all of these diseases that reasonably enough the gland disturbance has often been looked upon as the aetiological factor in the disease in which it was affected. Perhaps it is the ductless glands upon which the unbalanced diet works its first havoc and then the abnormal secretion of the particular gland affected determines the nature of the deficiency disease which manifests itself. This is a matter for future research to decide. Vitamines may be substances out of which the ductless gland obtains some element necessary to the elaboration of its specific secretion. Lastly, and perhaps due to cases just cited as speculative, we find in all classes of deficiency disease of one type and another, more or less marked hindrance to the normal growth and development of the entire organism, the degree being dependent upon the duration and previous intelligent efforts made towards a cure. This, after all, is the most important factor to be considered in the case of this class of disturbance.

We now come to the therapeutic principles underlying the management of these cases which also seem to substantiate the writer's belief in their common origin and inter-relation. Regarding scurvy, there is but little to add to what is already known in relation to its successful treatment. We fully recognize the causative factors and have no further doubt as to the value of fresh extracts, especially fruit juices, in the treatment. There never was any question as to the frank cases with

typical symptomatology which were seen at five or six months, but the more recent researches have confirmed the already known facts that an early scurvy, characterized by a deficiency in growth and nutrition without other discernable symptoms, is very common and can be offset by the use of anti-scorbutics as early as in the first month of life. What are the anti-scorbutics? Vitamine containing substances possessing the same general chemico-physical properties as substances containing anti-beri-beri vitamine. Therapeutically and physiologically, in the light of our present knowledge of these substances, there may be a difference between the various vitamines. For example, Hess claims no therapeutic result from the use of autolyzed yeast—a substance containing an enormous amount of the anti-beri-beri vitamine—in the treatment of his cases of scurvy. On the other hand, the author has found that autolyzed yeast has at times some anti-scorbutic and growth-promoting value if used in sufficient dosage. Recent animal experiments carried out by Funk show that, although the vitamine contained in fruit juices is far better adapted for the prophylactic or curative therapeutics of scurvy than the form contained in autolyzed yeast, still there is no doubt that the anti-beri-beri vitamine of autolyzed yeast has some effect as an anti-scorbutic, while fruit juices have some effect on the retardation of beri-beri in pigeons fed on polished rice for the usual length of time. It need not concern us, however, as to whether the vitamine of fruit juice or that of autolyzed yeast influences the condition towards a cure, nor whether a different vitamine is concerned in each case. Suffice it to say that such a substance or such substances are concerned in correcting the deficiency of metabolism known as scurvy. Passing on to the therapy of beri-beri, or what the writer believes to be an identical condition of milder degree "Mehlnährschaden" in infants kept too long on cereal decoctions, we find a striking analogy in the prompt results obtained from the use of vitamine-containing substances; in these cases, however, the substances contained in autolyzed yeast seem to exert a better influence than that contained in fruit juices. More and more evidence is accumulating from day to day in support of the deficiency basis of pellagra, a condition not as uncommon in children as may be supposed. The aetiology of this affection which seems to stand the test of experience the best was thoroughly worked out and described in Funk's book "Die Avitaminosen" and has more recently been verified by Goldberger's work.

We now come to the consideration of rickets and such allied conditions as osteogenesis-imperfecta and osteomalacia, for, after all, if we study the conditions under which the last two diseases appear, and also study their main symptoms, we find that the time of life at which they appear plays the main rôle in differentiating them as pathological entities. Osteogenesis-imperfecta is most active in the formative or foetal period, rickets is most common in the growing period, and osteomalacia in the adolescent or adult period, when new functions or requirements are suddenly thrown upon the metabolism without proper precautions. All



three at periods when a more active metabolism than merely vegetative becomes a necessity. Now, if we are willing to accept these last named conditions as deficiency diseases upon completely the same footing as we do scurvy, beri-beri and pellagra, we shall come far nearer an ultimate solution of the most complex problems which they may present than from any other standpoint. Furthermore, if we accept them as avitaminoses, as Funk has suggested some years ago, we will find ourselves still closer to a solution of the ætiology and, therefore, therapy of the condition. From the very earliest days since the recognition of rickets as a pathological entity, cod liver oil has been considered the most efficient remedy in the treatment of the disease. To this remedy were added the various adjuvants in the way of mineral salts, believing thereby to supply them for use to the tissues, failing, at the same time, to appreciate the fact that in the overwhelming majority of cases the tissues were receiving through the food an ample supply of these salts, but that the trouble lay in the fact that owing to some grave fault in the body economy they were not able to retain them. As time went on results obtained from cod liver oil were not as uniformly encouraging as the earlier reports seemed to indicate. Among the various explanations of this discrepancy of result, none seems more rational to the writer than the probable destruction of vitamins as the result of the manifold processes of refinement to which cod liver oil has been more recently subjected. The crude oil has been proven by actual experiment upon the various animals to contain a very considerable proportion of an exceedingly active vitamin, which vitamin is either partially or totally inactivated by the various processes of refinement and has been demonstrated in some of the discarded fractions of the oil. Funk has shown that a fraction which he has isolated from the crude oil, and which is in many cases absent in the highly refined oils, is curative of beri-beri in pigeons and preventative of a condition identical with rickets found in chicks. In judging the value of vitamin therapy in rickets, one must bear in mind that we are dealing with deficiency of metabolism very much more chronic than in the case of scurvy or beri-beri, and, therefore, the symptom complex is much slower in developing than in the other conditions mentioned; furthermore, in the cases of longer standing the anatomical mal-developments resulting from abnormal growth, as an aftermath of an undue proliferation with or without subsequent resorption of what would otherwise be normal cell or tissue constituents, produce deformities or weaknesses which only time can, to a greater or lesser degree, under favorable conditions, regulate by compensatory growth. Cases of rickets in which tetany is present respond especially well to an increase in daily vitamin intake. Excessively cooked foods should be avoided. Vegetables should rarely be cooked over twenty minutes, and always served with the fluid in which they are cooked, to conserve the valuable vitamin containing substances as well as those inorganic salts soluble in the liquor. Disproportionate amounts of carbohydrate foods should be guarded against unless balanced by the presence of a sufficient quan-

tity of other fresh foods. Maternal regulations are especially important in cases of breast-fed babies where evidence of metabolic deficiency show themselves; in short, either a correct diet for the mother or else some form of vitamine, perhaps in the form of autolyzed yeast, may be directly administered to the nursling. In the case of artificially fed infants the early addition of vitamine containing substances and a very decided decrease of the amount of highly-milled over-cooked starchy foods is to be recommended. The important vitamine of orange juice should never be neglected, even at one month, as a prophylactic against scurvy and perhaps even against rickets. Egg yolk, coddled, in gradually increasing doses beginning as early as the sixth month, if necessary, is an important vitamine containing substance often omitted on account of a possible anaphylaxis which some children have against egg albumin. There is no recorded case of anaphylaxis against egg yolk as far as the writer has been able to find out, either in his own experience or in that of others. If infants refuse the yolk pure, it may be combined with a cereal, and no difficulty will arise, especially if we begin with a small amount. Large amounts of cereals should not be administered unless egg yolk or vegetable juices lightly cooked are administered at the same time. Beginning with the eighth or ninth month, to maintain a metabolic balance and to prevent a condition of which under-development as an example of rachitis is typical, the child should receive mixed purées of various vegetables properly blended, with the addition of sufficient carbohydrate and fat to make a "balanced ration."

As a result of careful investigation as to the diet of mothers who have rachitic children, and especially those who have had other children who have had some form of deficiency disease, and furthermore, as to the diet of women during pregnancy, or during lactation, Stark, of New York, has come to the opinion that the tendency toward deficiency disease, if not the disease itself, is inculcated "in utero." The negro and Italian in this country give us all the evidence necessary to give this theory a very sound basis to rest upon. We need not here go into the dietary of the negro and Italian; its peculiarities, especially as to excessive carbohydrate constituents and excessive stewing with lack of fresh foods are familiar to any one caring to make a study of a series of these mothers and their babies. The varied results obtained in some of our larger foundling institutions and nurseries, and even one's private experience with feeding formulæ, find an explanation in this predisposition to deficiency disease on the part of some infants. One child will thrive beautifully on a diet which would give another rickets. Another child will gain half a pound a week on what apparently starves another of the same age. In the former, the child's economy is well within the safety zone of metabolic stability, as a result of a properly proportioned diet of the mother during pregnancy, and so furnishes enough vitamine from the full supply with which it was born to counterbalance an excess of carbohydrates in his formula, and his tissues grow and perform their functions. In the latter, the child has an unstable metabolic balance,



owing to the improper selection of the maternal diet, and therefore cannot supply the necessary vitamine from its own economy, since it has none to spare; the metabolism is upset, a negative balance of the inorganic salts results, valuable food constituents are not retained by the tissues, the child either develops a deficiency disease, or simply fails, and the more we "strengthen" its formula by adding carbohydrates (even if the other constituents are also added) we simply make things worse. The solution lies in adding a vitamine-containing substance.

This brings us to the next important consideration. In the absence of ideal conditions whereby sufficient active vitamine can be obtained from properly prepared fresh vegetables, eggs and the like, it remains for us to obtain a substance rich in active vitamine and at the same time stable and constant in efficiency.

In reviewing the literature on the use of yeast as a therapeutic measure, we are led back to the very dawn of medical history. Schau-mann was the first to show that brewer's yeast displays what was then called "antineuritic properties" for pigeons and other fowls fed on polished rice. He noted that this yeast was far richer in these properties than were other substances which he had investigated. Funk was able to show that the substance in question is of simple chemical nature since hydrolysis with acids strong enough to break down all the complex substances known in the nature resulted in the isolation of an active substance which he called "vitamine." Chamberlain, Vedder and Williams, and also Voegtlin and Towles went even a step further and ascertained that the hydrolysis yielded a more active preparation than a simple extraction of the yeast. Finally Cooper, by leaving pressed yeast in an incubator for about thirty hours at body temperature, obtained an hydrolysis by means of the inherent ferment present in the yeast cell similar to that produced otherwise by an extraneous acid as Funk had done. This constitutes what is known as the autolysis of yeast, and the resulting product is known as autolyzed yeast. Owing to the enormously active metabolism of the yeast plant itself, it contains perhaps the greatest amount of active vitamine per bulk of substance of any product thus far known. When filtered, the filtrate may be standardized as to vitamine content and, therefore, dosage by noting the average time it takes to cure a number of beri-beri pigeons when 0.10 c.c. is injected subcutaneously, as compared with the known time required by a standard vitamine preparation to produce the same result. We have, therefore, a standardized substance which, to be sure, has not been definitely determined upon as to maximum and minimum dosage, but which should possess special advantages for the pediatricist, not only in the care of his cases of deficiency diseases, especially rachitis, since that is not so common, but always in his management of stubborn feeding cases. With these facts in mind it might seem desirable, at the present stage of our knowledge, to administer this substance in selected cases in much the same way as we do fruit juices, that is to say, as a prophylactic against

deficiency diseases in our difficult infant feeding cases, instead of jumping about and modifying formulæ with no other hope than that "perhaps we might strike it right. The multiplicity of feeding systems now in vogue, and changing with every man's opinion, leaves us no doubt that the element of chance and the kindness of Mother Nature are two forces which make infant feeding an "art" rather than a "science," at least until we are willing to accept other substances than proteids, fats, carbohydrates and inorganic salts as essential to success along these lines. With the acceptance of the foregoing as a basis for further research and observation, there seems little reason to doubt that a great step will have been made toward the better understanding of some difficult problems of infant feeding and also lead to a greater opportunity for the study of the principles which underlie the various deficiency diseases.—*The Canadian Medical Association Journal*.

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### "In Flanders' Fields"

By Lieut.-Col. John McCrae

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The following poem is considered by some to be the finest poem of the war. Lieut.-Col. McCrae is a Canadian. He was born at Guelph, Ont., and graduated in Arts and Medicine at Toronto University. At the outbreak of the war he was Associate-Professor of Pathology at McGill University. His brother is Professor of Medicine at the Jefferson Medical School, Philadelphia. When war was declared, Lieut.-Col. McCrae, who was a veteran of the South African War, was in England, and at once volunteered for the front. He was attached to an artillery unit of the service and saw all the heavy fighting. Later he was put in charge of a base hospital. The poem was originally published in *Punch*, London:

"In Flanders' fields the poppies grow  
Between the crosses, row on row,  
That mark our place; while in the sky  
The larks, still bravely singing, fly  
Unheard amid the guns below.

"We are the Dead! Short days ago  
We lived, felt dawn, saw sunset's glow;  
Loved, and were loved; and now we lie  
In Flanders' fields.

"Take up our quarrel with the foe!  
To you from failing hands we throw  
The torch—be yours to hold it high!  
If ye break faith with us who die,  
We shall not sleep, though poppies grow  
In Flanders' fields!"



## Work in France

BY HELEN B. McMURRICH, R.N.

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We had the good fortune of having an opportunity to spend a week at Compiègne, in order to learn the Carrel Treatment, of which so many are speaking just now. Researches were made in the laboratories maintained at Compiègne by the Rockefeller Foundation and at l'Hospital Temporaire No. 21, established by the Service de Santé Militaire.

The chemical laboratory was directed by an Englishman by the name of Henry D. Dakin, the result of which work has been the founding of the method of sterilization of wounds. Mr. Dakin was assisted in the biological part of this work by Mr. Daufresne and Mme. Carrel.

Mr. Daufresne continued in making chemical researches, and now the preparation that is used for the sterilization of wounds by means of the Carrel method is known as the Dakin Solution (Technique de Daufresne).

As soon as possible after admission of patients there is mechanical cleansing of the wound, followed by surgical treatment. Following this the chemical sterilization of the wound is brought about by the intermittent instillations into every particle of the wound of an antiseptic liquid, which is carried there by means of small rubber tubes.

The liquid, which moistens the tissues, is absorbed by the dressing. The instillation thus practised permits of the constant renewal of the liquid which keeps every part of the wound wet.

The little tubes are attached to a glass connecting tube (with one, two and three glass branches), which connects with a larger rubber tube, at the other end of which is the ampoule containing the solution. The ampoule, or irrigating can, is attached to the wall near the patient's bed. The *pinch de mohr*, or clamp attached to the larger tube, is pressed by the nurse three times (as one counts, 1, 2, 3) every two hours, during which time *only* the solution flows.

This procedure differs very much from the former continuous irrigation, in that it is much simpler and the liquid is carried directly to the deepest recesses of every wound.

Wounds are dressed, as a rule, every morning. There are no compresses placed in the wounds. A small dressing may be used to hold the tube or tubes in place, but that is all.

The only covering of the wound is a large-sized dressing, made of one thin layer of absorbent and one of cotton wool, covered with gauze, this being held in place by means of two or three safety-pins, and sometimes a gauze bandage.

In order to protect the flesh around the wound from being burned, vaseline compresses are laid on before the dressing is applied. These

consist of layers of gauze soaked in liquid vaseline and then sterilized. When preparing this, a box of it is done at a time. When ready for use, it looks like so much solid vaseline, but one layer of the gauze can be pulled off at a time and applied. It is marvellous how it protects the skin. A culture is taken from the wound every two or three days.

When the smear only shows one microbe in every five or six fields, the wound is considered sterile and the surgeon can suture it. The results have been simply marvellous. I am enclosing a copy of the schedule we had; it may be of interest to you. In the morning we attended the clinic in the ward assigned to us and remained there until all the dressings were done. In addition to the schedule, we saw many colored plates showing wounds from day of admission until absolutely healed. Everything pertaining to the treatment is minutely explained in the text-book we used entitled "Le Treatment des Plaies Infectées," by A. Carrel and G. Debelly; published by Masson & Co., 1917.

MISSION SPECIALE DU DR. CARREL		STAGE DES INFIRMIERES—EMPLOI DU TEMPS
Lundi	Compiègne Malin Salle des Blessés	Soir de 2 hr. $\frac{1}{2}$ à 3 hr. $\frac{1}{2}$ Cours: Notions générales sur les antiseptiques—Pourvoir Microbicide principe de la disinfection de plaies par l'irrigation continue.
Mardi	"	Travaux Pratiques: Préparation des objet—Nécessaires aux Pause- ments—Sterilization.
Mercredi	"	Cours: Préparation de la Solution de Dakin—son Titrage Ses propriétés. Ses effet sur les plaies infectées.
Jendi	"	Travaux Pratiques Préparation de Solution et son titrage.
Vendredi	"	Cours: Irrigation: Despositif notions sur les pausements— appliqués sur les plaies.
Samedi	"	Cours: Etude Bacteriologiques des plaies. Evolution de l'infection. Practique des prélevements— Préparation des laveses—Coubes microbienne.
Dimanche	"	Recapitulation et interrogation.

When in Paris we hope to learn more about the treatment of burns by means of the applications of ambrine; also the Meuciére treatment of wounds, which is carried on at the Grand Palais—now a huge hospital.

He is happy whose circumstances suit his temper; but he is more excellent who can suit his temper to any circumstances.—HUME.



## En Route for France

By JESSIE LEITCH, C.A.M.C.

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Even being "warned" for France leaves one unprepared for that delicious sense of "unreality" that comes as one stands on deck and watches that fascinating strip of widening water—shoreward; and if one is so fortunate as to be sent to France on a wonderful May afternoon, there is much to be said of the Channel, of England, and of France in May time. With the scent of wild broom blowing along the cliffs, and the green fields powdered with daisies and buttercups, and the hawthorne trees all-rosy bloom against the bluest sky in the world, England looked like the incarnation of Spring as our boat slipped across to France. And because one doesn't realize till that last moment that "Blighty" is a very friendly place, after all, we turned our attention to our companions on deck and wondered if we were "big enough" for France.

The crowd on deck was so familiar that a vivid memory of our Big Trip last year came back with a rush. Officers by the dozen, but not a familiar face. A few red-tabbed, grey-haired men with the keen eyes and stern faces and somehow associates with previous wars—and sure enough, they wore the colorful ribbons of the South African War. There were a few "bird-men," slim and alert; a sprinkling of "Subs" and our little party of nursing sisters—strangers, more or less—except for the badge of a common cause.

It was a short trip—not quite two hours—but the turquoise blue of the sea, which was fairly choppy, and the tang of the salt air, together with the screaming of the gulls that circled overhead, made it a most realistic and thrilling little expedition; and suddenly, out of the water ahead, rose the cliffs of France, gleaming white and gold-tipped in the sunset. France at last! Warm as July, with green hills stretching back to the sky and a harbor all red and orange light, beside the old stone pier. A throng of curious soldiers watched our arrival, the light blue uniforms and the red caps and sashes of the Zouaves (French Infantry corps) looking strange and unfamiliar to our khaki-accustomed eyes. There were peasants on the pier, too, in sabots and jeans and smocks, making a note of local color in keeping with the chimes of the Angelus, which the bells in the old cathedral were ringing, far up the steep, stone street.

So we stepped on to French soil, with a foreign language in our ears and much the same sensation, I imagine, as a Chinaman when he first lands in America. We walked to our hotel, and any difficulty we had anticipated was promptly dispelled by a brisk woman at the desk, who talked French and English in one breath and registered us and changed our money into piles of francs, which made us feel very rich,

until we found that our dinner cost ten francs, and everything, including our rooms, was extreme!

Everything in France is done in a hurry. Four "Sisters" were literally pushed into a room by a violently gesticulating porter, who seemed to be wearing a kitchen apron, but I think it was a "smock," and colorful! There were three high beds covered with three cerise eiderdowns that looked like enormous pans of cherry tarts, and a funny little gilt chair was marooned in the centre of the room, and a carpet, like a sheet of sunlight, on which a daring weaver had spilled a garden full of roses! A little startling, also disappointing, as it was only a property chair, and we laced our boots next morning sitting on the floor. A day's delay, owing to a shed-full of luggage which we insisted on taking with us, gave us a day of sight-seeing in Boulogne; and at 6.30 next morning we almost missed the Paris train. A hospital train had just come into the station, and, as we made our way along a platform littered with stretchers, our first acute realization of being in the war zone came home to us. Poor, clay-splashed men, all in khaki and bandaged and splinted, and wearing the famous Blighty smile! Are they down-hearted? Never! A woodbine and the knowledge that one is bound for England is nothing to be down-hearted about, so they say. A man with his head bandaged was turning restlessly on his stretcher, and someone, thinking he was in great distress, stopped to ask what she could do for him. "Sister, could you—do you happen to have a match, I want to light my fag," he said, half apologetically. Sister had a match, but she nearly missed her train holding the match for him, for one arm, too, was bandaged! But these are the human touches that enable us to "carry on" and to smile cheerfully at our wounded, knowing full well that they will smile back.

After the rather uncertain odors of Boulogne—for France is full of remarkable odors—the first thing we noticed was the wave of fragrance floating in the car window from the fields and farms, the sweetness of fruit blossoms. We may sing of apple blossom time in Normandy, but here, where the sunlight and blue sky and flowering orchards hold high carnival, and peach trees bloom against red brick walls, and green cornfields shimmer across the country, it is entrancing. After miles of such beauty had slipped past, we sat silent—words are so idle:

Once on a green hillside we passed hundreds of sick horses and mules—a convalescent hospital for army horses! To see these poor wrecks wobbling round on nice green grass, with big stacks of hay and canvas shelters, and men sitting round a pump to draw water for them, made one feel that the world was doing the right thing by the army horses as well as by the men. At noon time our train went for some miles along the Somme Canal. Its banks were fringed with overhanging trees; chestnuts and silver birch and trailing willows reflected in the cool, green water of that quiet canal. Along the banks blue flags and yellow iris gleamed in patches, and big grey hospital barges for the wounded,



with a crimson cross on the side, floated quietly down stream. How the wounded boys must love those cool, green canals, after the days and nights they spend in the firing line, where every God-given growth is shell-shot and blackened and burnt! We passed through Amiens, with its quiet green woods, and wondered how it had resumed such a normal appearance after all we read of the fighting in the Amien woods early in the war.

Of Paris, which we reached at dinner time, there is so much to say that I must say nothing now. It is a city one associates with history's blackest pages, and yet it is a fair city, the most beautiful, I truly believe—if one can give up the conviction that Venice is the Queen City—in the world.

Our Canadian uniforms were the cause of much conjecture in the streets, and we were truly thankful to find shelter in the night train which was to take us to our hospital, and with lights out—through a country as yet unmarred by war's alarms, in the pale spring moonlight—we whirled away to that mysterious "Somewhere in France." Perhaps the most satisfying moment of the whole trip was when, after a long walk through narrow, unlighted streets that wound and twisted, a light flashed within high, white gates in answer to our guide's loud knocking, and the word that met our eyes was "Canadians," and above it the flag of our far-away Homeland beside the tri-colored flag of France. It surely was a welcome equal to several brass bands and a cheering crowd! and to find Canadian girls within, Canadian girls on night duty, who welcomed us with outstretched hands, whether they knew us or not, and told us how good it was to see some one from "Blighty" was the best part of it all.

When I tell you that our patients are all French, and that none of them speak English, you will appreciate the feelings of the girls who welcomed us in —.

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### "MY 'EART FAILS ME"

A portly countrywoman came along the platform at a certain railway station and sat down on a seat beside a hospital nurse who was waiting for her train. With a heavy sigh of relief the countrywoman disposed of her parcels and umbrella. Then she started chatting.

"Ah!" she said, admiringly, eyeing the nurse's uniform. "I don't know what we'd do wi'out the likes of you."

"Oh, now, you're too kind," protested the nurse, with a smile. "I'm quite sure you do things as worthy every day."

"Not me, miss," replied the old lady, mournfully. "I can kill a duck or fowl wi' the best—that I'll admit. But when it comes to 'uman beings, my 'eart fails me!"

## The Care and Treatment of Mental Defectives

BY HELEN MACMURCHY, M.D.

*Toronto*

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How many mentally defective persons are there in Canada? The best way to answer this question, at present, is to ask another. How many insane persons are there in Canada?

In the Province of Ontario, for example, with a population of about two and a half millions, we have at present about seventy-five hundred inmates in our provincial hospitals for the insane; or about three per thousand of the population.

It has been found in Great Britain, in the United States, and wherever else this matter has been investigated, that the number of mentally defective persons in the community closely approximates the number of the insane; and in Canada so far, all the facts we have ascertained seem to make it probable that this may be said to hold good here. Moreover, the number of mentally defective children found in our elementary schools is also, apparently, comparable with the number found in the English elementary schools, about 2 per cent.

Why has little or nothing been done for the care of mental defectives?

Because "knowledge comes, but wisdom lingers."

About a hundred years ago, soon after 1801, Itard and Seguin, and others, drew attention to the necessity of caring for the lowest grade of mental defectives, those who were then spoken of as "idiots," but whom we now think and speak of as "persons having a mental age of about two years."

Before the nineteenth century ended, two new discoveries were made in regard to mental defectives:

1. It was gradually found out that there was a higher grade of mental defectives, those who were at first called "imbeciles," but whom we now think and speak of as mentally defective persons having a mental age of about three to seven years.

2. Then it became known, about 1880, that there were persons who were certainly mentally defective, but of a still higher grade, those whose mental age was from seven to twelve years, or even higher.

Now comes the point! Our practical action, our "wisdom" in dealing with mental defectives is about one hundred years behind our knowledge. We still are dealing with the problem of mental defectives as if we had only the low grade cases to deal with, though we all know that the care of low grade mental defectives is the smallest and easiest part



of our problem. Consider for a moment the relative numbers alone of the three grades.

Tredgold, in his book on "Amentia," gives the percentage figures thus: Low grade, six; middle grade, eighteen; high grade, seventy-six. This is confirmed by all other authorities on the subject. "Knowledge comes, but wisdom lingers!"

How should mental defectives be cared for, and treated?

*In principle—*

A good deal like normal people. They need, first, a suitable environment.

Persons of subnormal mentality cannot fit into a world intended for normal people. We must make an environment for them; that is, an institution.

Perpetual children must have perpetual care.

They need, second—

To develop their gifts and capabilities.

All mental defectives have gifts and capabilities (of course, there are exceptions to all general rules), and the use of these powers and gifts has secured the success of the work at the many farm colonies, on the cottage plan, in the British Empire, the United States and other countries, where thousands of mental defectives are now cared for.

Why should we do anything about mental defectives?

1. Because this is a form of national service.

2. We are the ones who know most about this question.

If we do not do anything to help about mental defectives, who will?

We owe it to the country that gave us our medical education, to help Canada in national medical problems, and this is one.

3. Because mental defectives drag down the standard of public health.

If they were properly cared for, public health would be greatly improved. Consider the rôle of the mental defective in transmitting tuberculosis, syphilis, and other transmissible diseases.

4. Because if mental defectives were properly cared for, it would—

Reduce the number of illegitimate births.

Reduce, by 50 per cent., the number of women arrested for prostitution.

Reduce, by from 10 to 20 per cent., the number of criminals.

Reduce, by 80 per cent., the number of unemployables.

Reduce, by 30 to 50 per cent., or more, the number of inmates in charitable institutions.

5. Because if mental defectives were properly cared for, they would leave no children behind them to carry on this problem in a worse form to the next generation. As the *British Medical Journal* said, in discuss-

ing this question: "Our duty to our neighbor must now be held to include our duty to posterity."

The right to life and happiness is one thing; but the right to parenthood is another.

What shall we do about mental defectives?

1. Give proper instruction on this subject to all medical students.
2. Help to educate the general public, especially judges, lawyers, clergymen, teachers and other leaders of public opinion about this question.
3. Promote and improve medical inspection of schools by every means in our power, so that mental defectives may be recognized.
4. Support and encourage the movement for special or auxiliary classes for all children needing special training or education, so that they may be taught what they *can learn*, and not what they *cannot* learn. Four Provinces have these classes now.
5. Aid and assist in the formation of voluntary associations for the care of the mentally defective. Nova Scotia and Ontario have already formed such associations.
6. Direct and encourage the movement to establish (on a small scale at first, but with ample land provided for) farm colonies on the cottage plan.
7. Assist in securing the necessary legislation, by Royal Commission, or other means.
8. Assist in securing the proper medical examination of all immigrants.
9. Give every assistance in our power to the movement in favor of a Dominion Minister of Public Health.—*The Canadian Medical Association Journal*.

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## Christmas in A Military Hospital

BY AN ARMY SISTER

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"We say a 'Merry Christmas,' and wish a Happy New Year,  
But each in his heart is thinking of those who are not here."

—Longfellow.

To waken up on December 25th and find the ground without its usual white mantle covering and to see the turkey without the cranberry sauce does not seem very much like Christmas to those who have been accustomed to all the trimmings. The walls and ceilings throughout the vast wards were covered with flags and bunting and hung with variegated chains, flowers and other decorations in colored paper, with loyal and patriotic mottoes. The proceedings rightly commenced on Christmas



Eve, when a choir of small boys from a neighboring Anglican Church came up and sung the favorite carols, the melodious voices of whom touched the hearts of those who were so thankful to be under shelter and not up on the firing line in the midst of so many discomforts. No temperatures were taken, and all quinine (the favorite dose for malaria) was discontinued for the day; everyone forgot that he was ill, and I can not tell you where the pains went to, but, to see all the smiling faces of the wonderful "Tommies," one would think they were made of something different from the ordinary human being. It is indeed a grand lesson for us all, especially those with a discontented mind, and how true the old saying is "that the courage that bears and the courage that dares are really one and the same."

The first part of the programme for the day consisted of a useful gift in the form of a lovely woolen shirt, pyjamas, knitted scarf or socks, provided by the kind ladies of the British Red Cross Society, and it was a great joy to participate in handing round the "surprise packages." The "padre" in the official disguise of Santa Claus, wandered along about 10.30 and distributed gifts from the staff. About 12.30 the patients assembled for their Christmas dinner, which, of course, was the great event of the day. I forgot to mention that they had eggs and bacon for breakfast. Long tables were placed together on one side of the huge ward, and as many as were able to sit up were seated at the tables and the less fortunate ones were placed as near each other as possible, and we managed to see that all had an ample supply of turkey and sausage and a double portion of plum pudding. In the afternoon, the tea—at least the cakes—were provided by the generous Red Cross ladies, and again we found a way to their hearts, for our one object was to make them as happy as possible. I might mention here a little incident which was very touching. Just before tea was served, a number of sailors who were lying in harbor, and miles away from those who were near and dear to them, paid the patients a visit and brought generous supplies of oranges and nuts to help cheer the hearts of those who were not able to enjoy the blessing of the use of all their limbs and the delightful sunshine and sea breeze.

After tea a concert was provided by amateurs, who also made it their business to brighten the hearts and to help shorten the long, dreary hours of those who are continually on their backs.

They all voted it a Merry Christmas indeed—much better than they had spent last year, when some had the misfortune to be in the trenches with only bully beef and biscuits as their diet.

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What we can do is a small thing; but we can and will aspire to great things, thus: if a man cannot be great, he can yet be good in will; and what he, with his whole heart and mind, love and desire, wills to be, that, without doubt, he most truly is.

## Why Are We Nurses?

BY SIBELLA A. BARRINGTON

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In these days when the Military rightly calls for and takes the very best of our nurses to work either overseas or at home, caring for those who have been willing to give their lives for their country, may I say a few words to the Private Nurse who is also trying to do her duty at home and who, owing to changed conditions, finds it hard, perhaps, to live as she did before the war.

At our last meeting it was decided not to raise our prices at present, for, by doing so, we were going to make life harder for those who had given their men folk for duty overseas, and we Nova Scotia nurses as a body decided it was no time to do that. But, can we not try and find happiness in giving up the little extra that the extra money might buy, and can we not try this winter to make our Association such that it will be enough for a doctor to be told a nurse belongs to the Graduate Nurses' Association of Nova Scotia, to know she will be all right and act the part not only of nurse but also as help and comfort in the home she enters, for by so doing we would be sure of steady work, which would mean more than higher pay, and we would also gain a place in the hearts of the public of Nova Scotia which would last when the war was over.

The term "nurse," from the earliest days, meant to nourish or care for, and has always been associated with self-denial and love for humanity at large and the individual patients who may come under our charge.

After the meeting comes the thinking, and I have begun to wonder are we losing our high ideals and letting money take their place, or rather the love of money, for that is what it amounts to. After all, character is what we take with us into the great beyond, and it does not really matter, does it, whether we have had a life of pleasure down here or a life of service given willingly.

In thinking over the causes of the great war, was not the love of money and conquest at the very root of the whole conflict which has plunged the whole world into sorrow and bloodshed? Are we growing into a lot of women who are going to work only for the mighty dollar and make our nursing a business transaction? So much labor grudgingly given for money received? For if that be the case, we are fast losing the spirit of nursing as taught by Florence Nightingale.

Can we not, before the year closes, think it over and decide that life is a big thing given us to live and grow in, so that when the end comes we may pass on to higher fields of labor, having left the world a better place after our sojourn in it? We have been losing ground with the public, and the question is: "Why?" The only answer I can think of to the question is: "Love of 'Money' and 'Self' seem fast to be coming first." Can we not band together and let the spirit of loving



service come first and of helpfulness to each other and all we come in contact with? Knowing from our hearth teaching that the God who knows when a sparrow falls will care for us and at the last say, "Well done," which is, after all, the only thing which counts when death claims us. Happiness is what we all are seeking, after all, and is not found, like Materlink's Blue Bird, in the cage at home, not in the paths of feverish excitement, but in the consciousness that our duty has been well done without thinking of reward, even though it may be hard work in quiet places with no honor or glory awaiting us, only the knowledge that God knows we are doing our best.

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### Lines from A Nurse to Her Stretcher Bed

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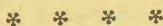
Others may sleep on a bed,  
But not Nursie—No; instead  
She must place her weary head  
    On a stretcher.  
Do you think does Nursie care?  
No; she says that anywhere  
Is good enough—so lay'r  
    On a stretcher.  
So they put her on a stretcher,  
So it won't take long to fetcher,  
And she's called all right, you betcher,  
    From her stretcher.  
What is that she hears a-rattling,  
As with sleep she is a-battling,  
In her dreams with angels prattling,  
    On her stretcher?  
'Tis the feeder 'gainst the chair,  
Means the patient doth declare  
Nursie must skip out of there  
    Off that stretcher.  
Alas! how oft I'm torn  
From my dreams ere it is morn—  
Could I ever, ever scorn  
    A stretcher?  
No; my stretcher, faithful, true,  
Tho' forsake you oft I do,  
Would that I might stay with you,  
    Oh, my stretcher!  
What's my choice in all creation?  
Why, my maddest dissipation  
Is an all-night's stertoration  
    On my stretcher.

—A T. G. H. Nurse.

## Editorial



This is the fourth Christmas since the war began, and to all of us it brings memories of years that have been, and the best part has been the getting together and packing the boxes for the men and nurses overseas. What it must mean to them, as they wait to hear from all their old friends, and find that their individual tastes have been remembered by their home people! The nurses' organizations have been busy preparing for them. Manitoba, as last year, has given her members the *Canadian Nurse* for the year, others have sent remembrances of various kinds. At this time it might not be out of season to speak of that first section of the nursing force that went overseas in the early days of the war. These have banded themselves together under the name of the "Mayflower," or the Franconia Contingent, named after the boat they crossed in. In the original force there were two matrons and 101 nursing sisters. Of these ten are now matrons, five assistant matrons, and the Matron-in-Chief, Miss Macdonald, still holds her post with increased popularity and a reputation for constant and hard work. The rewards for conspicuous services include one Victoria medal, 39 Royal Red Cross, two Medaille Epidemics and a whole host of "mentioned in despatches." At a recent anniversary dinner given in London, of the original 108 members there were present forty, gathered from all over England. Several sisters related thrilling experiences while on duty; two of them who had been in the Canadian Hospital in Russia greatly interested the gathering by relating some of their experiences during the revolution. "There have been twelve marriages amongst the 'Mayflowers,' with two in prospect before Christmas," added the Matron-in-Chief. Of the twelve married, the majority have husbands serving on the forces and are themselves still serving in some capacity. Four resignations have been accepted, and of the six sisters rendered permanently unfit for service at the front three are on duty in Canada, and one is on her way to England to work there. One has paid the supreme sacrifice at the call of duty. Twelve are on transport duty and sick leave; 49 on duty in England and 18 in France. Many sisters have come across to add to the numbers of the C.A.M.C. sisters, but for the original contingent there must be always a special feeling. They are allowed to wear the figure "1" on their shoulder, just as the male officers of the First Contingent, and, needless to say, it is a mark of distinction greatly envied by sisters of following units.



Just as this number goes to press the news of the frightful disaster at Halifax reaches us. The horror of it, when one thinks of the hundreds of people killed and wounded, and the suffering from the cold, as well



as from wounds, is appalling. To all of us the call goes up for help in every shape and surely the nurses will be among the first to give of their service, money and supplies. So many of the Canadian nurses have such delightful memories of the week spent there just before the war broke out in 1914 and will never forget the whole-hearted hospitality of the Halifax people to the visiting nurses. One cannot grasp the full horror of this catastrophe, but we do send to all our fellow nurses in that stricken city our heartfelt sympathy.

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### WHAT COUNTS

It isn't what you mean to do a week ahead,  
It isn't what you know you'll gain  
When all annoyances have fled;  
It isn't what you dreamed and planned—  
Such hopes are but a phantom band—  
The day's work counts.

The day's work counts—  
It isn't much.  
The gain of those few painful hours:  
But be content if there is shown  
Some product of those sacred powers  
Which guide each mind, uphold each hand,  
Strive with the best at your command—  
The day's work counts.

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### CHIVALRY

A wounded soldier in a crowded omnibus rose to give up his seat to a lady.

"No, thank you," she replied, "I should not take your seat if you have been wounded."

"Madame," he answered, "I have been wounded three times, and would be wounded a fourth if you didn't take it."

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Many a heart is hungry, starving  
For a little word of love;  
Speak it, then, and, as the sunshine  
Gilds the lofty peaks above,  
So the joy of those who hear it  
Sends its radiance down life's way,  
And the world is brighter, better,  
For the loving words we say.



## Chief Superintendent's Annual Report, 1916

(Continued from last month)

The great trouble with nurses, and with doctors, as well, is uneven distribution. Once have them understand the many disadvantages of the country districts and they will flock there. Our Canadian West is going ahead; it is solving all kinds of problems for itself in wonderfully effective ways that are apt to be overlooked by those who are not in close touch with them.

In the desire to solve the country problem quickly, there is a great danger of compromising with standards, and various plans are suggested from time to time by people who do not know the Canadian West, and they one and all fail because they do not grasp the idea of the vast distances and of the sparsely settled character of the country. Twenty-five years hence, if Canada develops quickly, fifty, if slowly, some such scheme as the Country Nursing Scheme of the Queen's Nurses of Great Britain may work out satisfactorily. With the present state of settlement, however, and with the large holdings, it would be, in the opinion of the writer, quite ineffective. To be sure, the installation of the rural telephones, and the more general use of automobiles on the prairies, are cutting down distances very rapidly.

The Order's Country Scheme calls for the training of the girls and women in the various communities in home nursing, so as to make them more useful generally, and, especially so, as helpers to the nurses, thus leaving the trained worker available for serious and acute cases.

The other development which marks this third cycle is the improved post-graduate training. When things were simple, the post-graduate course was simple, but when it became more complicated, it was necessary to increase the training and experience of the nurses so as to send them out equipped with a knowledge of district nursing first, but also of school nursing, child welfare and pre-natal work, tuberculosis



work, relief and settlement work. A course consisting of practical observation and lecture courses was outlined by the Executive Council, and two of our four training centres are carrying out the directions. There is much, very much, yet to be desired in this connection, and I wish again to state that my recommendation is that a training centre be established directly under the Executive Council, whose primary objects would be the education of the nurse in visiting and public health nursing. Another training centre is needed, and the logical location for it is in the Middle West. In the light of that, I should like to make a few more suggestions, added to the two already made. One is, that more publicity be given to the work and principles of the Order. Many people still look on the Order as a private organization, with certain aristocratic tendencies instead of as the broadest organization in Canada, an organization of the people for the good of the people. That may be done in a number of ways. First, by closer coöperation with the Local and Provincial Boards of Health, with City and Municipal Councils, School Boards, etc.; second, by increased missionary effort on the part of Local Committees in spreading reliable information concerning the Order into the adjoining communities, as is being done by the Whitby Committee, by Montreal and by a number of our country district committees. Third, by a Victorian Order magazine. Another suggestion is that the Order should be the means of spreading health news

Dr. Snell, of St. Anne de Bellevue, made the following suggestion in his President's address this year:

"It has been my privilege as President of the Local Association this year to attend the annual meeting of the Order at Ottawa. The annual business meeting is necessarily a very formal affair, but I cannot refrain from reiterating the suggestion made by Mrs. Harrison in her report of the work in this district in 1913 that the Board of Governors take under consideration the possibility of providing on that account something additional in the way of instruction and inspiration, such as would better justify the expenses incurred by local associations in sending delegates to the meeting. In my humble opinion a valuable opportunity for education is being overlooked."

(Continued in next month's issue)

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.



### **The Canadian Nurses' Association and Register for Graduate Nurses, Montreal**

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.

Second Vice-President—Miss Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Club Room, 638a Dorchester Street West.

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At the monthly meeting of the Canadian Nurses' Association, in Montreal, it was decided to invest as much as possible of their funds in Victory Bonds. It was thought best to leave the amount to be used to the discretion of the Executive, and there was a special meeting called for that purpose.

At the same meeting Mrs. Houston gave a most interesting account of her experiences in Mexico and the difficulties she had had with her party in their efforts to leave during the recent uprising.

At the last meeting of the Edith Cavell Chapter of the I.O.D.E., Miss Hersey, who is Regent, announced that Miss Scott Cavell, sister of Miss Edith Cavell, had written expressing her appreciation of the invitation to become the Honorary Regent and would be pleased to accept the honor.

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### **EQUAL VALUES**

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An army of young recruits had been manœuvring all the afternoon, and there had been many brilliant instances of attack and defence in the mimic warfare. At length a white flag was hoisted. The officer in command of the attackers started in amazement. "A flag of truce!" he exclaimed. "What do they want?" A sergeant-major endeavored to cover up a smile. "They say, sir," he reported, "that, as it's tea-time, they'd like to exchange a couple o' privates for a can of condensed milk—if you can afford it!"



## News from The Medical World

BY ELIZABETH ROBINSON SCOVIL



### A BRITISH MINISTRY OF HEALTH

The Council of the British Medical Association has proposed to the Government that a Ministry of Health should be enacted to take over from other bodies all duties that are concerned with the health of the community. The Board should be presided over by a minister of cabinet rank. Each locality should have an administrative centre, to be formed of representatives of the rating authorities, the educational authorities, the persons contributing to a scheme of health insurance, the medical profession, public hospitals, dentists, pharmacists and nurses. For each area hospitals, clinics, or treatment centres should be recognized, or established, at which persons entitled to treatment under the public scheme should be able to obtain institutional, consultative or specialist service on the recommendation of their medical attendant.

### THE EYE IN THE DIAGNOSIS OF DEATH

It is stated that the pupil is the last part of the body to respond to stimulation in death. Many tests have been devised to assure the physician that life is extinct. A recent author uses dionin (ethyl morphin hydrochlorate). Dropped in the eye, while it induces an intense reaction, it is harmless if the patient is still alive. Applied to the eye of a body still warm two hours after death, failure to cause reaction should be a legal proof of death.

### FEEDING PATIENTS IN BED

A new feeding system has been inaugurated in one of the hospitals in Paris. Carts, which carry a pan of coals under sliding drawers containing food, are wheeled from ward to ward and the food deposited. It is kept piping hot and much time is saved. Two auxiliaries, it is stated, have served seventeen wards in seventeen minutes.

### AUTO-INTOXICATION

In a paper on another subject a medical writer combats the usual theory of auto-intoxication. Fecal matter contains decomposed material and innumerable bacteria. The idea that poisonous substances reach the organism from this source is at first sight plausible. But normally the digestive tract, including the colon, does not take up poisonous substances. The colon is so constructed that fecal matter can be discharged without much difficulty. Much harm has been done by making people afraid of themselves; afraid to eat, afraid of their digestive tracts. The colon is our best friend. Instead of being a place of poisoning, it is a

place in which things can be kept without harm, and later on eliminated. The patient should eat plenty of bread, vegetables and fruit and salads, the more indigestible food the better; drink plenty of water and stop worrying, and the bowels will move all right usually. If not, 15 grains twice a day of cascara sagrada or tincture of rhubarb, or a saline enema, or 5 to 7 ounces of olive oil injected at night and left in the bowel until morning, at first every night, then every other night, will probably effect a cure. Fear and constant anxiety about having a movement prevent its being accomplished.

#### EFFICACY OF VACCINATION

The 800,000 vaccinations performed at the beginning of the war and during the year 1915 on the resident population of Paris have resulted in the disappearance of smallpox in that city. A prolonged war without smallpox is a remarkable fact and proves the efficacy of the prophylactic measures that have been taken. The honor of this result belongs to the city of Paris and its vaccine service.

#### BACTERIOLOGY OF THE HOUSE FLY

The case against the house fly has been abundantly proved, and evidence continues to pour in. Bacteria which might be of importance in the spread of infectious disease have been isolated from the bodies and intestinal tracts of flies. These include the colon bacillus, showing that the insect has recently come in contact with fecal excretions. Finding the pyogenic cocci on flies suggests the possibility that this insect may transmit suppurative organisms from wound to wound, and may explain the spread of gangrene in field hospitals.

#### AN ANCIENT HOSPITAL

A hospital at Middleburg, in Holland, has existed since at least as early as 1308. A bequest was made to it in that year. It is called S. Barbara's Hospital. The earliest picture of it dates from 1696. A campaign for the destruction of the antiquated building was begun in 1857, but it was not until a smallpox epidemic spread from it in 1866 that it was demolished. Its records are preserved and the *Leggerbocks*, dating from 1604 and 1687, with the rules and regulations for the administration of the hospital.

#### OILED GAUZE

A writer in a medical journal recommends gauze dipped in liquid petroleum, the excess being squeezed out, as far superior to plain gauze as an absorbent. A loose-mesh cheesecloth should be used. Cotton sponges can be wrapped in the gauze; those made of compressed cotton absorb better than those of loose cotton. Cotton sponges absorb much better than those filled with powdered charcoal. The favorable influence of the oiled gauze is explained by the protection that the oil furnishes against swelling of the thread and obstruction of the mesh.



## MEDICINAL USES OF YEAST

Bakers' yeast has been found a useful remedy in the treatment of furunculosis, acne, constipation, and other cutaneous and gastro-intestinal conditions. It seems to be peculiarly efficacious in the cure of boils. From a half to a whole fresh yeast-cake is given three times a day. Fleischmann's compressed yeast was used in the tests. It had a decidedly laxative effect, so much so that in some cases the dose had to be reduced.

## SCURVY

Several cases of scurvy have been reported in Great Britain, about fifty in London alone since February last. It has been suggested that the shortage of potatoes has much to do with the occurrence of the disease, this being the only fresh vegetable freely used by the poorer classes.

## CARE OF BLIND SOLDIERS

An institution for the education and training of blind soldiers is to be established at Halifax, N.S. The organization work will be under the supervision of Sir Frederick Fraser, who has been so successful in building up the Halifax School for the Blind.

## SOAP IN TREATMENT OF WOUNDS

The *Medical Press and Circular* says very satisfactory results have been obtained from the use of soap in dressing wounds. Marseilles soap of good quality was used in bathing and irrigation and applied by means of saturated compresses. The soap is sterilized, after grating it to powder, by exposure to heat, 120 C., in an oven for five minutes. In an emergency the surface of a piece of soap is rendered aseptic by plunging it into boiling water. The compresses should be boiled, too.

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The world is all too sad for tears ;  
I would not weep—not I,  
But smile along my life's short road  
Until I, smiling, die.

The little flowers breathe sweetness out  
Through all the dewy night ;  
Should I more churlish be than they,  
And plain for constant light ?

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BEING KIND TO HER

A Colonel's wife, who is doing real nursing at a certain London hospital, was recently offered a tip of sixpence by an honest old couple in gratitude for her care of their soldier-son. Tact personified, she slipped the sixpence back into the father's hand, saying, smilingly, that nurses weren't allowed to accept gratuities.

"Oh, that'll be all right, Sister. I'll not say nothing about it. Just take it, and get yerself a drop o' gin in your off-time!"

# Public Health Nursing Department

*Conducted by the Committee on Public Health Nursing of the C. N. A.*

*Under the Convener on Public Health Nursing*



## NOTES ON PUBLIC HEALTH NURSING IN BRITISH COLUMBIA

With the exception of the Medical Inspection of Schools which is required by law in all the public schools of British Columbia, the cities of Victoria, Vancouver, Vancouver South and New Westminster having had staffs of school nurses for some years, Public Health Nursing is rather in its infancy in this province.

The Victorian Order of Nurses in Vancouver have recently begun "Mothers' Clinics," with Miss Pedden as Child Welfare nurse. At these clinics the mothers meet and are given talks and instructions in the care of the baby.

The Health Department of the City of Vancouver employs two nurses: Miss Gertrude MacKay, engaged in the tuberculosis work, and Miss Janet Campbell, Public Health visitor. The duties of the latter are quite varied. They are: To visit and inspect the sanitary condition of all stores, factories and public buildings where female help is employed; also to see that the employees are free from any visible skin eruption; to inquire into conditions of labor, as to hours and character of work; to inspect sanitary conveniences for women at the various parks and bathing beaches; to act as Infant Protection visitor. This consists in seeing that places where children under seven are kept for pay are registered, and that the women in charge of such homes are competent to take charge of infants, and that the houses are clean and sanitary; to attend to the Infant Welfare work, and to be present at all children's clinics.

A clinic has been started for well babies in connection with the Infants' Hospital, but the attendance so far has not called for separate days for well and sick children. Cases are followed up and mothers helped with treatment and feeding, being instructed how to modify milk, etc.

The death rate of children under one year in Vancouver compares very favorably with that of other places, being usually about 55 per thousand of the birth-rate. Last year this was increased to 61.08 per thousand, due, probably, to an epidemic of measles.



## HEALTH SURVEY OF THE PROVINCE OF NEW BRUNSWICK

Hon. W. J. Roberts, Minister of Public Health, has engaged Mr. John Hall, a graduate of Massachusetts Institute of Technology, in Sanitary Engineering and Public Health, to make a survey of health and sanitary conditions throughout the Province of New Brunswick, as a preliminary step towards the establishment of a "Health Department" as a branch of the work of the Provincial Government.

Some of the matters to which Mr. Hall will pay special attention include:

1. The activities of the Local and Provincial Boards of Health.
2. The public control and protection of food.
3. Milk.
4. Slaughter houses.
5. Cleanliness of stores.
6. The existence of communicable diseases and methods of dealing with them.
7. Medical and Sanitary conditions in the schools.
8. Public water supplies and sewage disposal.

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The Manitoba Association of Graduate Nurses held their monthly meeting on October 30th. The programme was devoted to Public Health work. Miss L. Spratt gave an able paper on Child Welfare work as it is carried on in Winnipeg, outlining the work from the beginning to the present day. A report of the Convention on Charities and Corrections held in Ottawa in September was read by Miss Elizabeth Carruthers. During the social hour Miss Laidlaw, of the Winnipeg General Hospital, who is leaving shortly to be married, was presented with a handsome Royal Doulton tea service.

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## Hospitals and Nurses



### NEWFOUNDLAND

The annual meeting of the Newfoundland Nurses' Association was held on Thursday, November 1st. Several of our members have gone during the year to serve overseas, and new ones have been added to our number. The appeal which was sent to Lady Davidson, President of the Women's Patriotic Association, for a contribution towards the Edith Cavell Homes of Rest for Nurses, was launched, at her request, by the Nurses' Association, and met with a generous response. We were able to send the sum of \$2,700 to the treasurer of that fund in England. The officers for the year were elected as follows: President, Miss Southcott,

Vimiera, King's Bridge Road; Vice-President, Miss Taylor, Night Superintendent General Hospital; Secretary-Treasurer, Mrs. Hiscock, 964 Gower Street. The business was followed by a social "cup of tea."

Red Cross workers, sewers and knitters, have started their winter campaign. Owing to the much-regretted departure of the Governor, Lady Davidson, the work-rooms at Government House have been closed and the work is now carried on at Mrs. Pitt's house, Sutherland, kindly loaned by her for the purpose.

Miss Reid, who was in charge of the Military Hospital, Military Road, has been appointed Matron of the Fever Hospital.

Letters are received from time to time from our nurses across the sea. Three of them are now working in Saloniki and are very happy in their work.

The Convalescent Home for returned soldiers and sailors on Waterford Bridge Road is filled. Through the generosity of Sir Edgar Bowring it has been very much improved. There is now an annex containing two dormitories, bath-room, lavatory and a large recreation room, which is very much appreciated by the men. It has a very comfortable, homelike look, with its small tables, writing desks, easy chairs and couches. Miss Edgar is in charge, with a staff of V.A.D. nurses. The gift of a motor car from Mr. Barr, with the gasoline to run it, adds much to the pleasure of the men, who go for rides every day in their turn. One of their first V. A. D. nurses, Miss Crosby, is now at St. Dunstan's Hospital for the Blind, in England, working there while waiting a call to go to France as an ambulance driver, having passed most successfully all the necessary examinations and tests.

Unfortunately a whole shipment of dressings and supplies for the soldiers went down when the "Durango" was torpedoed.

The picking over and cleaning of sphagnum moss for dressings keeps the members of the Patriotic Association responsible for that work busy four days a week. We have sent large quantities of it from Newfoundland.

The illness and death of Miss Duncan, Matron of the Fever Hospital, came as a shock to her many friends in St. Johns. Coming here from South Africa, where she had served in the Boer War, she was appointed Matron of the Fever Hospital, which had just then been completed, and held the position until her death, working almost to the end. Kind, thoughtful and generous, an energetic worker and a good nurse. she made many friends during her stay in St. Johns, to whom her death is a personal loss.

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#### NOVA SCOTIA

Mrs. Doyle, of the Station Hospital, has arrived in Halifax after a visit to friends in Toronto.

The monthly meeting of the N.S.G.N.A. was one of the most interesting held for some time. Captain Barrett delivered a fine address.



After full discussion of fees, it was unanimously resolved, as a patriotic course and owing to the increasing stress of the times, not to increase the fees, but to hold to the present rate of \$18.00 a week for general nursing and \$21.00 for contagious work.

Nursing Sisters McCarthy, Effie Guild, Mary Shanahan and Elizabeth McLeish, all members of the nursing staff of the Station Hospital, have received orders to go Overseas.

Official news has been received that Matron Pope has been appointed Matron of the Duchess of Connaught Hospital, Taplow, England, and is very happy in her work, hoping, however, to be sent to France at Christmas. She gives a very interesting description of modern surgery, especially in connection with facial operation.

Miss Anderson, of the V.O.N. staff, has been appointed to the staff of the Station Hospital. Miss Bayne has also been appointed to the same hospital.

Nursing Sister Howard returned from Kentville on sick leave recently.

Nursing Sister McNeil recently gave a most interesting address to the Red Cross Society of Lunenburg on her experiences in the Far East. She returns to France shortly.

The Order of the Royal Red Cross of the Second Class has been conferred on Nursing Sister Helen McKay, of New Glasgow, who on returning from the front was assigned to duty at the Station Hospital. She will probably receive the decoration at New Year's.

Nursing Sister Clarke, of New Glasgow, recently returned on the Hospital Ship "Letitia," which was wrecked near Halifax. She left with the First Canadian Division and has seen much varied service in France, Lemnos, Cairo, Saloniki and in England, and was sent home on sick leave. In speaking of the Red Cross work, Miss Clarke says, "It is wonderful; cannot be over-estimated. Smokes and socks should be sent in abundance."

Mrs. Corston, Halifax, has been spending a few weeks at her home in Lindsay, Ont.

The annual meeting of the Trustees and Executive of the Nurses' Sick Benefit Fund was held on the 8th of November, when it was decided to invest \$300.00 in the Victory Loan.

We are sorry to hear that Nursing Sister Nora Larkin, of the Station Hospital, has had to undergo an operation for appendicitis.

In honor of the graduation last week at the Victoria General Hospital, Halifax, of Miss Ethel Taylor, Miss Mary Cameron and Miss Gertrude Crosby, they were, with the Senior Class, entertained by the Superintendent, Miss Pickles, at a theatre party and supper.

Miss Cameron and Miss Crosby remain at the Hospital in charge of wards. Miss Taylor is to take up private nursing work in the city.

## QUEBEC

## MONTREAL WOMEN'S HOSPITAL ALUMNAE ASSOCIATION

Miss C. Hart (Class '12, M. W. H.), who for some time past has been in charge of the Montreal Dispensary, was present at the Alumnae and gave an interesting report of her work.

On November 1st an afternoon reception was held by the W. H. Alumnae in honor of Nursing Sister G. O. Donkin (Class '13, M.W.H.), who was home on furlough.

Recent graduates will be pleased to learn that Miss Hazel MacVicar (Class '16, M.W.H.), who has been in the Hospital for treatment for threatened appendicitis, has returned home.

Recent reports from Miss H. S. Slade (Class '17, M.W.H.) state her condition slightly improved.

The bazaar held by the Women's Hospital in Stevenson Hall on November 8th was well attended. The majority of booths were well sold out by evening, totalling a net proceeds of \$500. The Board of Management issues a hearty vote of thanks to all co-workers.

The Alumnae has packed Christmas boxes for the five nursing Sisters Overseas who are so loyally "doing their bit" at the front.

Dr. Grace Ritchie, England, was present at the last monthly meeting and gave an address on the Victory War Loan. It was decided by the Association to take out a five-year one-hundred-dollar bond. A number of the nurses decided to take out loans individually.

## RÓYAL VICTORIA HOSPITAL ALUMNAE NOTES

The first meeting of the 1917 season of the R.V.H. Alumnae was held in the new class-room of the Nurses' Home Extension, about forty members being present, with Miss N. Goodhue in the chair. The chief topic for discussion was that of the proposed Endowment Fund, details of which will be reported later.

Miss Owen (Class of 1896) writes very interestingly of her work in Zamboanga, Philippine Islands, where she is in the Hospital in connection with the Mission there. She says the town is beautiful, thanks to the American Governor of the Province, and the roads very good. The Mission buildings are out of the town, in a large cocoanut grove by the sea, and the grounds are very pretty. Nurses from the training school in Manila come to them for a year, and Miss Owen carries on the classes. It is very pleasant to hear from our members at such a distance, and feel that they still belong to us.

Mr. and Mrs. James Almond, Shigawake, P.Q., announce the engagement of their daughter Margaret Jean (Class of 1909) to Mr. Albert Bruce Finnie, son of Dr. and Mrs. Finnie, of Montreal.

Miss Nina West has returned to Montreal after a summer of volunteer work at Harrington Hospital, Grenfell Mission, Labrador.

Miss Agnes Alpaugh, who has been on the operating staff of R.V.H. since finishing her training, has taken up special nursing.



Miss Aline Pomeroy and Miss Dorothy Sanderson, who went overseas in June, are at Kitchener's Military Hospital, Brighton, Sussex.

Miss Elsie Roper (1914), who is in Los Angeles, Cal., has joined the American Red Cross and expects to go overseas with Base Hospital No. 35. Previous to joining Miss Roper successfully passed the Regent Examinations of the State of California.

An R.V.H. graduate, living in London, writes: "A frightful air raid last night, and as I write I hear the police whistles warning for another. I pull the blinds, draw the heavy curtains and just 'sit tight' while the big guns boom. Can you imagine London without a solitary soul on its streets? One hardly can, yet, when the 'take cover' warnings come, silence can be felt less than ten minutes after, and the tubes are packed, being the really safe place. I met Miss Lindsay in the street a short time ago; she, Miss Squires and Miss Cotton are at Hyde Park Hospital."

Miss Maud MacLeod has been appointed Lady Superintendent of the Vancouver General.

Calls have been received from the following Overseas nurses who have been so fortunate as to have been assigned Canadian transport duty: Misses Sedgwick, M. MacIntosh, C. Harrison, K. MacKay, C. P. Archibald and W. Bryce, all of whom are delighted to visit us, but are loath to remain on this side of the ocean while the war goes on.

Awards of the Royal Red Cross to Canadian nurses have been gazetted as follows: Associates Royal Red Cross of Second Class—Nursing Sister Hilda MacDonald (1915); Nursing Sister Margaret Park (1914); Miss Park is now Mrs.—

Miss Mary A. Prescott (1905) has been appointed Superintendent of the Ross Pavilion, to replace Miss May Henderson, who has been called to join her hospital unit (Mt. Sinai, N.Y.) for service overseas.

Miss A. Sims has been appointed Night Superintendent of the Ross Pavilion.

Miss Shirley Kent replaces Miss Sims in the public wards.

Miss Evelyn Way ('16) has gone to New York to do special nursing.

Miss Muriel Boulden ('16) has gone to her home in Windsor, N.S., for the winter.

Miss D. Montizambert ('16) is now in Montreal, doing special nursing work.

Miss Thomas (1917) has been made nurse-in-charge of the Case Room at Montreal Maternity Hospital.

Miss M. Clint, who has been at Petewawa Camp, is at present in Montreal, the guest of her aunt. Miss Clint expects to return overseas shortly.

#### MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION

Miss Smardon, of Saranac, N.Y., is visiting in Montreal at present.

Miss Ethel Clark (class '11), of Toronto, has come to this city to do private nursing.

Nursing Sisters K. M. Knight and C. Erquhart have been transferred from No. 6 General Hospital (naval) in France, to No. 1 General Hospital in France.

Nursing Sisters Mrs. Giffen and Clare Gass, of No. 3 Canadian General (McGill), are now on duty at No. 2 Casualty Clearing Station in France.

Nursing Sister Birkett Clark, who resigned her duties in France owing to illness of her mother in Canada, is at present Matron of Military Hospital here (Grey Nunnery). Nursing Sister E. J. Dewar (Class '15) has recently gone to this hospital on duty.

Our Alumnæ Association bought nine hundred dollars' worth of Victory Bonds, five hundred of which was Sick Nurses' Benefit Funds, having invested five thousand of the latter fund previously in War Bonds. We are also providing for two prisoners of war in Germany until the war closes. The amount required to do this the first year was one hundred and twenty dollars, but, owing to high cost of living, the second year payment is one hundred and fifty dollars. We also work in connection with Red Cross Society and the Edith Cavell Chapter of the Daughters of the Empire.

Remembrances have been sent to our overseas nurses numbering eighty-eight, as many as we can learn of at present. We hope they enjoy the brightest and happiest Christmas possible under the great circumstances of war.

We extend our sincere sympathy to Misses M. McRae and A. Gillespie, who have each lost a brother at the front recently.

Nursing Sister E. F. Upton (class '09) is home from the front on sick leave, having contracted malaria while on duty. Miss Upton has been mentioned in General Milne's despatches. She was with No. 1 Canadian Stationary Hospital since early in 1915 in France, the Dardenelles, Lemnos Islands and Egypt, and for seventeen months in Saloniki. Her lectures given at different times since her return have proved most interesting.

The marriage of Miss Grace Lawrence (class '15), eldest daughter of Mr. Henry Lawrence, Port Daniel, P.Q., to Mr. George P. LeGrand, of New Carlisle, P.Q., was very quietly solemnized in the afternoon of November 22nd in the vestry of Knox Church, Montreal, by Rev. G. F. Kinnear. Both the bride and bridegroom were unattended. The bride wore a travelling suit of Burgundy-colored broadcloth, with corsage bouquet of roses and lilies of the valley and a black velvet hat and black furs. Immediately after the ceremony Mr. and Mrs. Le Grand left for New Carlisle, P.Q.

Mrs. Chas. Allan Spencer (nee Miss Ethel Patterson, class '15), who was married September 6th, 1917, received November 14th and 15th with Mrs. C. W. Spencer, Belmont Avenue, Montreal. Mrs. Frank Wooley and Mrs. C. K. P. Henry poured tea and coffee. Miss Beatrice Spencer presided in the tea room, and was assisted by Mrs. H. W.



Spencer, Mrs. S. S. Beamish, Miss Amy McKeown, Miss Margery Wooley and Miss Muriel Clark. Mrs. Spencer will receive on the first Tuesday of each month.

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#### ONTARIO

The Kingston General Hospital A. A., at their meeting November 6th, after much discussion decided to raise the nurses' fees after November 15th to \$25.00 a week, or \$3.75 per day.

On Tuesday, November 13th, the Kingston graduate nurses held a most successful tea and sale at the home of Mrs. Howard Marshall, when they realized \$140, to be spent on linen for the Nurses' Home and for Red Cross work.

Matron F. McLeod, of Queen's Military Hospital, Kingston, left recently for the Coast on a hospital train.

Miss C. Milton is doing private work in New Liskeard, and Miss F. Hiscock in Montreal.

Miss Pearl Martin is spending a well earned holiday in St. Catherines.

We are very glad to report that Miss Annie Hiscock and Miss Annie Wright, two of our graduates who are at St. Agathe, are much improved.

Nursing Sister Gussie Wright has returned from England on sick leave.

It is with the deepest regret that we announce the sudden death of Mr. J. J. McEachern, B.S.C., of Timmons, Ont., husband of Alice McIntyre, K.G.H., '12.

The graduating exercises of the Sarnia General Hospital were held October 16th in the City Hall. After an excellent programme the report of the school was given by Miss Darville, Superintendent. The following nurses graduated: Misses Jemima Crooks, Jessie Scott, Ethel Sinclair Brigden, Edith Dale. Miss Scott was unable to be present, as she has been on Overseas duty since June. The diplomas were presented by Major Proctor, and Mrs. Kenny, President of the Hospital Ladies' Aid, presented the medals. A dance ended the evening, when the supper was served by the Ladies' Aid.

Captain Dulmage, formerly Superintendent of the General Hospital, Sarnia, has charge of a Military Hospital at Eastbourne, and has been mentioned in despatches for his work in France.

Nursing Sister Florence MacCrae, S.G.H. '16, has been on duty Overseas since May.

Miss Margaret Pollard, of Washington Sanitarium, Mt. Clemens, Mich., spent a few days in Sarnia on her way to her home in London.

Miss Lily Kiernan, from Flint, Mich., spent a few days in Sarnia recently.

Miss Fettes, who has been seriously ill in the S.G.H. for some weeks, is, we are pleased to say, making a good recovery.

Victoria Hospital, London, has given 53 nurses for military work, of which 40 are Overseas.

The Victoria Hospital A. A., London, held their monthly meeting November 6th, with 30 members present. Nursing Sister Bertha McIntosh gave a very-interesting talk on her experiences of war work. She has seen service in France and in Malta, and has many interesting souvenirs.

A delightful informal dance was given at the Clubhouse, 295 Sherbourne Street, Toronto, by Miss K. Mathieson in honor of the 1917 Class of Riverdale Hospital. Those graduating were Misses Edna Axford, Pearl A. Pierce, Doris Home, Mary Clarke, Gertrude Gastrell and Caroline Field.

Nursing Sister Jean Bryce is home enjoying a rest after a year and a half of active service at Queen's Canadian Military Hospital, near Shorncliff, England.

On Friday, October 27th, 1917, the Toronto Hospital for Incurables training School for Nurses held their Graduating exercises. Sir John Hendrie presided and Dr. Alexander Davidson addressed the class. Mrs. Grant McDonald presented the diplomas to the following nurses: Misses Anna L. Goss, Myrtle Wanamaker, Jessie McLean, Anna Twohey, Eva LeQuyer. Mrs. Ambrose Kent presented Mr. Kent's gold medal for first place in final examinations to Miss Twohey. Miss LeLuyer received the silver medal for second place, presented by the Examining Board, and Mrs. R. B. Hamilton presented her own prize for neatness of room and person to Miss Twohey. After the exercises refreshments were served in the Board Room, and the graduates were given a theatre party in the evening.

Nursing Sister Bertha Smith (1911), of the Toronto Hospital for Incurables, who has been for the past year "Somewhere in France," is now recovering from a serious illness in England, and hopes to be able to return to France in the near future.

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#### MANITOBA

At the October meeting of the W.G.H.A.A. plans were made for sending a small remembrance at Christmas to the graduates overseas. Mrs. J. Stewart, 1st Vice-President, was in the chair, Mrs. Langille, President of the society, being absent in California for the winter. Mrs. Work, '17, has been appointed recording secretary, and Miss Montgomery treasurer.

Miss Annie McLaurin (W.G.H. '15) has taken the position of Headquarters Nurse at Nanaimo, B.C., General Hospital.

Miss May Fraser (W.G.H. '15) has accepted the position of Matron at the Sanitarium, Ft. Qu'Appelle, Sask.

Miss A. Moore (W.G.H. '09) and Miss P. Adair (W.G.H. '10), are on the staff of the City Milk Depot, Winnipeg.

Miss Winnifred Dawson (W.G.H. '14) is on the staff at Tuxedo Military Hospital, in charge of the operating room. Misses Mathieson, Ritchie and E. N. Melvin, all of the W.G.H., are also on the Tuxedo Hospital staff.



**BRITISH COLUMBIA**

Miss Amelia Campbell (R.V.H.), who has been spending the last eighteen months in Vancouver, B.C., has gone to California for the month of December with her brother, Dr. Glen Campbell.

The Graduate Nurses' Association of British Columbia have again remembered the nurses of British Columbia who have gone Overseas by sending them each a Christmas card and handkerchief.

A very successful sale of work was held by the Vancouver Graduate Nurses' Association on December 8th in aid of their "Sock Fund." A feature of the sale was a display of Christmas gift boxes, covered by the nurses themselves, which were very popular. Altogether the fund will benefit by about one hundred dollars.

A message of sympathy from the Graduate Nurses' Association of British Columbia has been sent to the Halifax Nurses' Association for the terrible catastrophe that has befallen their town, and a sum of money has been wired for immediate necessities among the sufferers.

The Vancouver Graduate Nurses' Association are sending, through the Red Cross, a box of surgical supplies and clothing to be used for the relief of the sufferers in Halifax.

The Social Service Council at Nanaimo are now considering the advisability of securing a visiting nurse for that city. A committee has been appointed to present the matter to the Nanaimo citizens.

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**Births**

LLOYD—At Kingston General Hospital, October 19th, 1917, to Lieut. Wilson Lloyd, A.M.C., and Mrs. Lloyd, a son. Mrs. Lloyd was Miss Pearl Morton, K.G.H., '96.

CARLETON—At the Private Pavilion, Toronto General Hospital, November 6th, 1917, to Dr. and Mrs. G. Wylie Carleton, a daughter. Mrs. Carleton was Elizabeth Cooper, T. G. H., class 1915.

GILMOUR—On September 21st, 1917, to Mr. and Mrs. John Gilmour, a daughter. Mrs. Gilmour was Miss Stella Winnett, Victoria Hospital, London, Ont., class 1914.

BOARDMAN—At Winnipeg, on September 28, 1917, to Dr. and Mrs. Boardman (Jessie Duncan, W.G.H. '07), a daughter.

GLIDDON—To Dr. and Mrs. W. O. Gliddon, 2010 O'Connor Street, Ottawa, a daughter (Joan). Mrs. Gliddon was Miss Elizabeth Turner, 1911.

AMEY—At Mrs. Reynolds' Private Hospital, Grant Avenue, Hamilton, on October 29th, a son to Mr. and Mrs. Ralph Amey.

**Marriages**

RIDGES-HIBBERT—In Halifax, by the Rev. N. Lemoine, Nursing Sister Julia Hibbert, of the Station Hospital, formerly of Ireland, to Lieut. Robert V. Ridges, R.N.C.V.R., of the H.M.C.S. "Niobe." On their return from a trip to New York they will reside at 328 Gottingen Street, Halifax.

OPPER-BURDICK—At London, Ont., on September 15th, 1917, Mr. W. H. Opper to Miss P. Phyllis Burdick (V.H.L. 1911). Miss Burdick was Supervisor of School for Nurses in London for three years.

DOUGLAS-MUNNOCK—At St. John's Parish, Eastbourne, England, Miss Agnes Munnock, C.A.M.C., to Dr. Clare Douglas. Miss Munnock was a graduate of V.H.L., 1913.

EVANS-SCOTT—In Winnipeg, October 9th, 1917, Miss H. Margaret Scott (R.V.H. 1909), to Mr. Richard G. Evans.

HENDERSON-MCKEEN—The marriage took place on September 29th, 1917, in England, at the Parish Church, Harlington, Hounslow, of Capt. Arthur T. Henderson, 6th Can. Field Ambulance Corps, of Montreal and Jamaica, to Nursing Sister Frances C. McKeen, C.A.M.C. (R.V.H.) of North Bay, N.S. The bride was given away by Col. H. H. Chisholm, D.S.A. Among those present were Surgeon-General G. L. Foster, C.B., and Mrs. Foster, Mrs. Chisholm, Matron-in-Chief MacDonald, Mrs. Carpenter (Montreal), Matron McLatchy, and several members of the C.A.M.C.

DREW-MARIO—On September 15th, at the home of the bride, Point Fortune, Que., Elizabeth Marion (Bessie) class '15, M.W.H., to Mr. James Alexander Drew, of Beech Ridge, Que.

FRASER-GRANT—At Listowel, Ont., on November 3rd, Miss Iola Grant (H.C.H.) to Mr. George Albert Fraser.

MITCHELL-OVERHOLT—In Hamilton, in October, Miss Lillian Jane Overholt (H.C.H.) to Mr. James Law Mitchell. Mr. and Mrs. Mitchell will reside on Main Street East, Hamilton.

## Classified Advertising

### NURSING BOOKS

Technical Books—If there is any book on nursing you want, write us and we will try to get it for you—The Canadian Nurse, 302 Fifteenth Avenue, East Burnaby, B. C.

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Regular Monthly Meeting—Third Tuesday, 8 p.m.

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"Canadian Nurse" Committee—Misses Murdock, Holder and Nase.

Regular Monthly Meeting—Second Monday, 8 p.m.



### THE ALUMNÆ ASSOCIATION OF ROYAL VICTORIA HOSPITAL, MONTREAL, QUEBEC.

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Regular meetings, first Tuesday of every second month.

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Association meets in Nurses' Residence the First Wednesday in October, then First Wednesday of each alternate month for season.

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Representative on Central Registry Committee, Misses Wixon and Cunningham.

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Regular Meeting—Second Tuesday, 8 p. m.

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Regular Meeting—First Thursday, 8 p. m.

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Social—Miss Starr, 753 Wolseley Avenue.

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Red Cross—Mrs. Hall, 237 Morley Avenue.

Regular Monthly Meeting, second Wednesday at 3 p. m.

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Representative to "The Canadian Nurse," Miss Ada Chisholm.

Regular Meeting—First Monday, 4 p. m.

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Programme Convener—Miss A. E. Wells, 27 Balmuto Street.

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Regular Meeting—Second Friday, every second month.

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